

The New Zealand Firefighters' Welfare Society
Private Bag 31999
Lower Hutt

BA1 FORM (Off the Web)

APPLICATION FOR BENEFIT

MEMBERSHIP NUMBER _____ DATE ____/____/____

SURNAME _____

FIRST NAMES _____

TYPE OF BENEFIT CLAIMED _____

I HAVE CLAIMED ALL REFUNDS FROM MEDICAL PACKAGE, SOCIAL WELFARE, A.C.C. AND OTHER BENEFIT SOCIETIES ETC.

THE REMAINING COST TO ME IS (Include receipts and any other documentation) \$ _____

DETAILS _____

USE SEPARATE PAGE IF NECESSARY

SIGNATURE OF APPLICANT _____

MUST BE MEMBER OF SOCIETY

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BANK ACCOUNT FOR BENEFIT PAYMENT

WELFARE USE ONLY

CERTIFIED MEMBER NOT LESS THAN 12 WEEKS JOINING DATE ____/____/____

SIGNATURE _____ POSITION _____ DATE ____/____/____

BOARD DECISION _____

CHAIRMAN _____ SECRETARY _____

PAYMENTS DIRECT CREDIT DETAILS _____ \$ _____ DATE ____/____/____

CHEQUE NUMBER _____ \$ _____ DATE ____/____/____