



**International Police Association
New Zealand Section
Application for Membership**

+Name: _____
 Family Name

+Date of Birth: _____ / _____ / _____
 Day Month Year

+Home Address: _____
 Street Number and Name

_____ Suburb

_____ Town / City Post Code

+Email Address: _____

+Police Service: _____
 New Zealand Service

_____ Duties Performed

_____ Rank

Other Related Service: _____

Are you prepared to offer accommodation?
 Yes No
 If yes, what accommodation do you have?

_____ First / Christian Names

+Country of Birth: _____

Postal Address:(if Different) _____
 Box Number

_____ Suburb

_____ Town / City Post Code

+Phone: _____
 Home Work

_____ Mobile

+QID: _____
 Police Registration Number (QID)

_____ Other Police Service (Non-sworn or International)

_____ Retirement date (if applicable)

Languages Spoken: _____

+Credit Union No. _____

Interests: _____

+ Mandatory
 Subscriptions are \$44.00* annually, payable each 20th January or \$1.70 per fortnight pay period if paying by Police Credit Union

Method of Payment *(Tick one)*

1. **Police Credit Union** *Complete attached Credit Union Deduction Form (Part of application form)*

2. **Internet Banking** *(A/C 03-0252-0027998-02) For initial subscription only and please complete an 'Application for Automatic Payment' form below, to commence on the 1st January the following year and submit with 'Application for Membership' Form*

Make the payment of \$44.00 before you send this form, use your name as reference.

3. **Automatic Payment** *(Payable to International Police Association) – Attach Westpac form to IPA application form*

PRIVACY AND SECURITY STATEMENT:

The information collected on this application form is stored on the New Zealand IPA Website's secure database and the full database is only available to members of the National Executive.

Extracts from the master database are only available to the New Zealand IPA Regional Office holders via the New Zealand IPA Website, the information available comprises of Name, Address, Email Address, Phone Number, Member ID and Payment Method.

The Member database is administered by the Secretary General and the Webmaster under the direction of the NZ IPA National President.

ALL ACCESS TO THE DATABASE IS LOGGED AND MONITORED BY THE WEBMASTER.

Declaration: - I declare that I now apply for ordinary membership of the New Zealand Section of the International Police Association (IPA NZ) and that I agree with the aims and objectives of the Association as laid down in the Constitution and Rules. I shall conform to such rules as may be made by IPA NZ and will further the work of the Association by paying my annual subscription as required, I also accept and agree with the Privacy and Security statement.

Payment - \$44* has been paid using Internet Banking (if selected as preferred option) YES

Signed: _____ Date: _____

By typing in your name and ticking the box or signing you acknowledge this declaration and agree to the Privacy and Security Statement

Official Use only:
Application approved: Yes No
 Receipt No. _____
 Regional Secretary: _____

Instructions:
 Download this form, complete and email to the Secretary-general@ipa.org.nz or post to The Secretary-General, IPA New Zealand, 10 Vista Place, Kawaha Point, Rotorua 3010, NEW ZEALAND.

The forms can be scanned and emailed or posted.

- If paying by cheque please attach the cheque to the form and post.
- If paying by Internet Banking please make the payment before you send the form.
- If paying by Credit Union please include this form when emailing or posting.



credit where it's **blue**

Salary deduction form

Level 11, 57 Willis Street
PO Box 12-344, Wellington 6144
Phone: 04 472 9645
Fax: 04 499 2006
Email: info@policecu.org.nz
Website: www.policecu.org.nz

Personal details

Membership no:

Title: Mr Mrs Miss Ms

Surname:

First names (in full):

Work phone no:

Home phone no:

Mobile phone no:

Email address:

Deduction details

- This salary deduction replaces all previous salary deductions I have authorised, or
- This salary deduction is intended to amend only those accounts I have listed below – all my other existing deductions are to remain unchanged.

If you are unsure what your current deductions are, please call us on 0800 429 000 or email us at info@policecu.org.nz for details.

Account (please tick): Loan.....(L.) \$

Freedom Account.....(S1) \$

Goal Account.....(S2) \$

Christmas Club.....(S3) \$

Target Saver.....(S4) \$

Achiever Savings.....(S5) \$

Other (please specify):

\$

\$

TOTAL \$

Further instructions:

Please note that any changes made to the above amounts do not affect payments made to the Police Association or Police Welfare Fund Ltd.

Declaration

Terms and conditions

I understand and acknowledge that the Police and Families Credit Union (PFCU) accepts this authority only upon the following conditions, namely:

- The PFCU will endeavour to effect such salary deduction without any responsibility or liability for omission to request all or any deduction or for any omission to follow any such instructions. Further, the PFCU accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In this event, this authority is subject to any arrangements now or hereafter subsisting between myself and the PFCU in relation to my account.
- The PFCU may at any time terminate this authority as to future payments by notice in writing to me.
- This authority will remain in full force and effect notwithstanding my death, bankruptcy or any other revocation of this authority until notice of my death, bankruptcy or such revocation is received by the PFCU.

I hereby authorise the New Zealand Police to deduct monies from my fortnightly salary payable to the Police and Families Credit Union.

Signature:

Date: / /

Office use only

Actioned by: _____ Date: _____ / _____ / _____

E: Conditions

- the Bank will use reasonable care and skill to give effect to the directions given to it in this authority
- where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow such directions
- the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority
- I/we will advise the Bank immediately of any information shown on bank statements which is incorrect
- this authority is subject to any arrangement existing now or in the future between myself/ourselves and the Bank in relation to my/our account
- the Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any money in accordance with this or any other authority or cheque which I/we may now or in the future give to the Bank or draw on my/our account
- the Bank may in its absolute discretion refuse to make any one or more payments in accordance with this authority where there are insufficient funds available in my/our account
- this authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed over
- this authority will remain in force for all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this authority until notice or my/our death or bankruptcy or other revocation is received by the Bank
- all current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

If you need to change any details to an existing payment, tick here and then complete the rest of the form.

This will tell us the name of the account you'd like the payment to come out of.

This information will tell you where the payment went to when you receive your statement.

This is the date you want the first payment made/changed.

If you've been told the final date the payment is to be made, put this here.

Tick here if you want the payment to keep going out until you let us know to cancel it or if you haven't been given an end date.

Fill in the account number you'd like the automatic payment to be paid from.

If you've been told the first or last payment is different to your regular payment amount, put these amounts here, but you can only have a variable first or last payment amount, not both.

This tells us how often you want us to make the payment, it could be weekly, fortnightly, monthly, 4-weekly, 6-monthly, quarterly or yearly.

Tell us the name of the person who will be receiving the payment and what their account number is.

This will tell the person receiving the money where the money came from. Some companies need you to include a code or reference. Check with them on their requirements.

Westpac
Authority for automatic payments
(Not to operate as an assignment or an agreement)

To the Manager
 Westpac Your branch **Queen Street**

Please tick one, and complete ALL sections
 new automatic payment. **OR**
 change an existing automatic payment. The current amount being paid is \$ _____

A: Pay from
 Pay from NAME _____
 Pay from **03 0120 0987654 000**
BANK BRANCH ACCOUNT SUFFIX

Details to appear on my/our bank statement:
1 SMITH **RENT** REFERENCE

B: Payment details
 Regular payment amount \$ **120.00**
 First variable payment amount if different from regular amount \$ **240.00** (if required)
OR
 Last variable payment amount if different from regular amount \$ _____ (if required)

Frequency (please tick one)
 Weekly Fortnightly Monthly 4-weekly 6-monthly Quarterly Yearly

First payment date DAY / MONTH / YEAR _____
 Last payment date DAY / MONTH / YEAR _____

OR
 Until further notice (please tick)

C: Pay to
 Pay to **JOHN SMITH**
 Pay to **03 0326 0765432 001**
BANK BRANCH ACCOUNT SUFFIX

Details to appear on their bank statement:
0 SIMONS **RENT** **TORBAY** REFERENCE

D: Authorisation
 1. Please make this automatic payment as detailed by debiting my/our account.
 2. I/we understand and accept that the **Bank accepts this authority only on the conditions overleaf.**

Customer's signature _____ Date **28 / 07 / 2006**
 Contact phone number **466 3210**

Customer's Name _____
 Customer's signature _____ Contact phone number _____ Date DAY / MONTH / YEAR _____
 Customer's Name _____

Westpac use only Date received DAY / MONTH / YEAR _____ Received by _____
please turn over

Remember to sign this form, print your name below your signature, and if you can give us a phone number we'll be able to call you if we have any questions.