

## **IMPORTANT!**

### **READ THIS BEFORE FILLING IN FORMS**

You can pay:

- Weekly (\$2.50);
- Fortnightly (\$5);
- Four-weekly (\$10);
- Six-monthly (\$60); or
- Yearly (\$120);

Most people choose to pay \$10 every four weeks by automatic payment form for your convenience. *If your account is with National Bank or ASB, you will need to fill in one of their forms instead. Please ring us on 385 8596 and we will send you one.*

At the top of the form, you will see a space which says “Name of Account”. Put **your name** in there. The first payment date should be **four weeks** from the date you join. Leave the “Payee Details” area of the form **blank**. We use this for our records. At the bottom of the form, **sign your name** and put your **contact phone number** and the **date**.

Send us all the forms along with a cheque for \$10 made out to “Wellington Peoples Centre” back to:

**Wellington People’s Centre**  
**PO Box 9491**  
**Te Aro**  
**Wellington**

You can also pay in person. We are based at 2 Lukes Lane, off Manners St. Just bring along all the forms!



# Wellington People's Centre

PO Box 9491, Te Aro, Wellington  
Phone: 385 8596 Fax: 385 2520  
people@wpc.net.nz

**Memb No:** \_\_\_\_\_

## Membership Form

**Last Name** \_\_\_\_\_  
**First Name:** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Suburb:** \_\_\_\_\_  
**City:** \_\_\_\_\_

**Phone:** (Day) ( ) \_\_\_\_\_  
(Night) ( ) \_\_\_\_\_  
(Mobile) ( ) \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Gender** Male / Female  
**Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Income Source**  
Benefit   
Student Allowance   
Paid Work   
ACC   
Superannuation   
Other

**Ethnicity**  
NZ Maori  European   
Pacific Island  NZ European   
Cook Island Maori  Asian   
Tongan  SE Asian   
Tokelauan  Chinese   
Samoan  Indian   
Fijian  Middle Eastern   
Other Pacific  Latin American   
African  Other

**How did you hear about us?**  
Community Group   
Radio/Newspaper   
Work & Income   
Poster   
Friend/Relative   
Leaflet   
Other

### Dependants:

Your membership entitles your partner and any children (under 16) living with you to use the services of the Wellington People's Centre.

Name:	M / F	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

The minimum four-weekly pledge is \$10. If you are in higher paid work please consider paying more than this. If \$10 is a problem you may wish to see our Benefit Rights Service to check that you are getting your full entitlements from Work and Income.

My pledge will be  
Weekly(\$2.50)  Fortnightly(\$5)  Four-Weekly(\$10)   
6-Monthly(\$60)  Yearly(\$120)  Other

Signed: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### IMPORTANT

Do you wish to receive our newsletter? via email? Y / N  
Do you wish to use our medical service? Y / N  
(if "yes", please ask the receptionist for a PHO registration pack)  
Do you intend to use our dental service? Y / N

In accordance with the Privacy Act 1993, your personal information will not be passed on to any other source without your permission. Information requested in this form is needed and used for statistical purposes to secure funding and inform the services we provide. You have every right to view and correct any information held by us.

# Authority for Automatic Payments

(Not to operate as an assignment or agreement)

For Bank Use	A/P No	Type	Charge	Bank Int.
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non Std Com.	Bulk/G.A. Code	Freq.	O'ride
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>PAYER DETAILS To the manager</b>	<b>IMPORTANT PLEASE TICK</b>
Name of Bank	<input type="checkbox"/> This is a new authority
Branch	OR
Address	<input type="checkbox"/> As from _____ (first payment date), this authority replaces
Name of Account	existing authorities for \$ _____ in favour of the same payee

Account Details:  On behalf of:

Name if other than payer

Bank	Branch no.	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details to appear on my/our bank statement

Particulars	Code	Reference
<input type="text"/>	<input type="text"/>	<input type="text"/>

## FREQUENCY AND AMOUNT

First Payment Date	Last Payment Date	Until further notice: Tick
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tick Box	Weekly	Fortnightly	Four-Weekly	Other-Specify Period
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Fixed Amount	Amount \$	Amount in words
<input type="text"/>	<input type="text"/>	<input type="text"/>

Completed if applicable (tick one box only)

Variable first amount	Amount \$	Amount in words
<input type="text"/>	<input type="text"/>	<input type="text"/>
Variable last amount	<input type="text"/>	<input type="text"/>

## PAYEE DETAILS Pay to the credit of:

Name of Bank	Branch
WESTPAC	CUBA ST, WELLINGTON

Name of Account	Account Details
T H E W G T N P E O P L E ' S C E	Bank Branch Number Account Number Suffix
	0 3 0 5 5 8 0 2 3 6 2 7 4 0 0 4

Details to appear on payee's bank statement

Particulars	Code	Reference
<input type="text"/>	P L E D G E	<input type="text"/>

## AUTHORISATION

- Please make this automatic payment by debiting my/our account
  - I/We understand and accept that the Bank accepts this authority only on the conditions overleaf
- NAME OF ACCOUNT .....

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGN HERE .....

\_\_\_\_\_ (contact phone number)