

## **IMPORTANT!**

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

You can pay:

- Weekly (\$3);
- Fortnightly (\$6);
- Four-weekly (\$12);
- Six-monthly (\$70); or
- Yearly (\$140);

Most people choose to pay \$12 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 \$12 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** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Ethnicity

NZ Maori	<input type="checkbox"/>	European	<input type="checkbox"/>
Pacific Island	<input type="checkbox"/>	NZ European	<input type="checkbox"/>
Cook Island Maori	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Tongan	<input type="checkbox"/>	SE Asian	<input type="checkbox"/>
Tokelauan	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Samoa	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Fijian	<input type="checkbox"/>	Middle Eastern	<input type="checkbox"/>
Other Pacific	<input type="checkbox"/>	Latin American	<input type="checkbox"/>

### Income Source

Benefit	<input type="checkbox"/>
Student Allowance	<input type="checkbox"/>
Paid Work	<input type="checkbox"/>
ACC	<input type="checkbox"/>
Superannuation	<input type="checkbox"/>
Other	<input type="checkbox"/>

### How did you hear about us?

Community Group	<input type="checkbox"/>
Radio/Newspaper	<input type="checkbox"/>
Work & Income	<input type="checkbox"/>
Poster	<input type="checkbox"/>
Friend/Relative	<input type="checkbox"/>
Leaflet	<input type="checkbox"/>
Other	<input type="checkbox"/>

### Dependants:

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

<b>Name:</b>	<b>M / F</b>	<b>Date of Birth</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The minimum four-weekly pledge is \$12. If you are in higher paid work please consider paying more than this. If \$12 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(\$3.00)	<input type="checkbox"/>	Fortnightly(\$6)	<input type="checkbox"/>	Four-Weekly(\$12)	<input type="checkbox"/>
6-Monthly(\$70)	<input type="checkbox"/>	Yearly(\$140)	<input type="checkbox"/>	Other	<input type="checkbox"/>

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

### IMPORTANT

Do you wish to receive our newsletter? via email? Y / N  
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.

<b>Authority for Automatic Payments</b> (Not to operate as an assignment or agreement)	<b>For Bank Use</b>	A/P No	Type	Charge	Bank Int.
		Non Std Com.	Bulk/G.A. Code	Freq.	O'ride

<b>PAYER DETAILS To the manage</b> Name of Bank Branch Address Name of Account	<b>IMPORTANT PLEASE TICK</b>	
	<input type="checkbox"/>	This is a new authority
	<input type="checkbox"/>	As from (first payment date), this authority replaces 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

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

**PAYEE DETAILS Pay to the credit of:**

Name of Bank	Branch
WESTPAC	CUBA ST, WELLINGTON

Account Details

Name of Account	Bank	Branch Number	Account Number	Suffix
T H E W G T N P E O P L E ' S C E	030558	0236274	004	

Details to appear on payee's bank statement

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

**AUTHORISATION**

1. Please make this automatic payment by debiting my/our account  
 2. We understand and accept that the Bank accepts this authority only on the conditions overleaf

NAME OF ACCOUNT ..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGN HERE ..... (contact phone number)