



**MEMBERSHIP APPLICATION FORM 2010**

All information supplied will remain confidential in accordance to the privacy act. No information regarding any individual will be supplied to unauthorised people or organisations.

<b>Name:</b>	.....	
<b>Date of Birth:</b>	.....	Photo Here
<b>Place of Birth:</b>	.....	
<b>Phone #:</b>	.....	
<b>Email Address:</b>	.....	
<b>Home Address:</b>	.....	
<b>City/Town:</b>	.....	
<b>Company name:</b>	.....	
<b>Company Address:</b>	.....	
<b>City/Town:</b>	.....	
<b>Citizen/Permanent resident /Work Permit</b>	<input type="checkbox"/>	<b>Married / Single</b>

- ✓ I authorise the New Zealand Halal Slaughtermen Union Inc. to act on my behalf in relation to matters relating to the employment of Halal Slaughtermen; negotiate with the governmental and non-governmental bodies and employers on any issues of interest to the well being of the Halal Slaughtermen.
- ✓ Inform the union as soon as possible if you change your address or contact details.

**Declaration:**

I declare that all the Information that I have provided is correct.

Signature: .....

Date: .....