

Membership Application Form Organisation or Individual Memberships

➔ **START HERE:** Choose your membership type below:

Organisation (please complete ALL sections 1 to 5) OR; **Individual** (please complete sections 3, 4 & 5)

SECTION 1 – ORGANISATION MEMBERSHIP CATEGORY

Please select the category that best applies. Your subscription fee (see overleaf) will be calculated by the size of the workplace savings scheme or company/organisation applying for membership.

Workplace Savings Scheme

Membership for any Stand-Alone, MasterTrust or KiwiSaver scheme.

Number of scheme members: _____

Employer

Membership for an employer offering a workplace savings scheme (can be a stand-alone, MasterTrust arrangement or KiwiSaver scheme).

Number of current employees: _____

Service Provider

Membership for a company or organisation that offers professional services to the workplace savings industry and/or offers multiple workplace savings retail products.

Number of current employees: _____

SECTION 2 – ORGANISATION CONTACT DETAILS

Organisation Name: _____

Scheme Name (if applicable): _____

Postal Address: _____

Physical Address: _____

Phone Number: _____ Fax Number: _____

SECTION 3: NOMINATED REPRESENTATIVE CONTACT DETAILS (Including Individual members)

The nominated representative is our primary contact regarding Workplace Savings NZ membership matters, i.e. feedback on current issues, input to submissions. Individual membership applicants – please fill in your own details here.

Name of Nominated Representative: _____

Role / Position Title with Organisation: _____

Postal Address: _____

(if different from above in section 2)

Email Address: _____

Phone Number: _____ Mobile Number: _____

SECTION 4: WORKPLACE SAVINGS PROFESSIONAL (WSP) MEMBERSHIP

Are you interested in finding out more about our Workplace Savings Professional (WSP) membership?

Tick here to receive an application form for WSP membership and further information.

Please turn over >>

Other Key Contact Details

These may be any other people concerned with your workplace savings scheme or organisation who may be interested in keeping up to date with Workplace Savings NZ initiatives, i.e. the scheme's board of trustees. You can add and delete contacts, or update this information at any time by contacting info@workplacesavings.org.nz

Name: _____ Email Address: _____

Phone Number: _____ Role within Scheme / Organisation: _____

Postal Address: _____

Name: _____ Email Address: _____

Phone Number: _____ Role within Scheme / Organisation: _____

Postal Address: _____

Name: _____ Email Address: _____

Phone Number: _____ Role within Scheme / Organisation: _____

Postal Address: _____

SECTION 5: ANNUAL SUBSCRIPTION & PAYMENT DETAILS

Membership is by subscription, renewed annually at beginning of calendar year.

Individual Membership: \$300.00 p.a. (inc GST)

Organisation Membership: Refer to the table below:

Using the information you provided in Section 1, Select the column that is your membership category, then select the row that corresponds to the number of employees or scheme members concerned. The Member Fee at the end of that row is the amount payable for your organisation membership. All amounts are inclusive of GST.

Workplace Savings Scheme	Employer	Service Provider	
No. of Members	No. of Employees	No. of Employees	Member Fee
1 - 150	1 - 25	-	\$300
151 - 500	26 - 100	1 - 100	\$600
501 - 1,000	101 - 500	101 - 500	\$900
1,000+	500+	500+	\$1,200

Example: You are a Workplace Savings Scheme with 348 scheme members in total. Your subscription fee therefore is \$600 p.a.

Payment Options

Payment of \$_____ is enclosed covering membership for the _____ year.

Direct Credit

Acc No: 02-0500-0338075-00
Acc Name: Workplace Savings NZ
GST No. 21-053-767

Credit Card

MasterCard OR Visa

Card Number:

Name on Card: _____

Expiry Date: _____ Secure ID: _____

Cheque

Please make cheques payable to 'Workplace Savings NZ' and enclose with this form

Send your completed application and payment to us by:

Post: P.O. Box 25-179, Wellington, 6146

Email: info@workplacesavings.org.nz

Contact us: 04 472 2260