

# 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, scheme secretary, etc. You can add and delete contacts, or update this information at any time by contacting [info@workplacesavings.org.nz](mailto: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. (incl. 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	
Member Descriptions	Stand-Alone, Master Trust or KiwiSaver Schemes No. of Members	Employees offering a Workplace Scheme (Stand-Alone, Master Trust or KiwiSaver) No. of Employees	Service Providers to the Workplace Savings Industry No. of Employees	Member Fee
- Boutique	1 - 50	1 - 7	-	\$300 p.a.
- Small	51 - 150	8 - 25	-	\$450 p.a.
- Medium	151 - 500	26 - 75	1 - 7	\$600 p.a.
- Medium/Large	501 - 1,000	76 - 150	8 - 25	\$900 p.a.
- Large	1,001 – 10,000	151 - 300	26 - 75	\$1,200 p.a.
- Very Large	10,001 – 30,000	301 – 450	76 - 150	\$1,500 p.a.
- Mega	30,001 +	450 +	150 +	\$2,000 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](mailto:info@workplacesavings.org.nz); **Contact us:** (04) 472 2260