



Association of Superannuation Funds of NZ  
Level 2, ANZ Bank Building  
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Fax: +64 (4) 381 3392  
[www.asfonz.org.nz](http://www.asfonz.org.nz)

## ASFONZ Membership Application Form

### Membership Categories

- Organisation member** – an Employer, Employer Participant, Promoter and Trustees of Superannuation Funds (each in that capacity) may join ASFONZ.

Number of Employees ? \_\_\_\_\_  
(if you are joining in the Business's or Employer's name)

Number of Members ? \_\_\_\_\_  
(if you are joining as a Workplace Super Scheme, includes KiwiSaver)

- Individual Member** – an individual interested in matters affecting Superannuation Funds may join ASFONZ.

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Street address: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Contact Persons Role: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

A cheque is enclosed for \$ \_\_\_\_\_ your cheque should be made out to ASFONZ.

(See [http://www.asfonz.org.nz/membership\\_types.asp#membership](http://www.asfonz.org.nz/membership_types.asp#membership) for current Membership rates)

Send the completed form and cheque to: **ASFONZ, PO Box 19-194, Wellington.**