



Membership Application Form

Name.....

Date of Birth.....Date of Joining Air NZ Group Airline.....
(Required for insurance brokers)

Address

.....

Phone.....

Fax.....

E-mail.....

Employer.....

Staff Number.....

Position.....

Base Salary per annum.....
(Required for insurance brokers)

Signature.....

E-mail, fax, or mail this form to:

The Secretary
FANZP
P.O. Box 73-038
Auckland International Airport
Auckland.

Fax 09 6388740

secretary@airnzpilots.org.nz