

MEMBERSHIP FORM

The purpose of this form is:

- If you are not already a member of the NZCPA, for you to apply for membership;
- If you are an existing member of the NZCPA, to confirm your details;
- To provide your authority to the NZCPA to receive personal information about you;
- To confirm that the NZCPA represents you in matters affecting you as a professional cricket player in New Zealand (including, but not limited to, collective negotiations and contractual issues).

Address:

Contact numbers:

E-mail address:

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(first name) (surname)

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(street)

.....

(suburb)

.....

(city)

.....

(home) (work)

.....

(mobile) (fax)

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Privacy Act authorisation

I authorise any agency which holds personal information about me to disclose that information to the NZCPA (including details about my remuneration). I also acknowledge that the NZCPA hold personal information about me, and may receive additional information in the future. I am entitled to access that information and to request correction of it - and it has been explained to me that the NZCPA will keep that information confidential.

Collective Bargaining

I acknowledge that I have been informed about the collective bargaining process, and how it may affect me and the terms of my engagement with my Major Association and NZC. I confirm that the NZCPA has authority to represent me in that bargaining and related matters.

Signature

Date