



Member Details

Membership Number: _____

Title: _____ Surname: _____

Given Name(s): _____

Residential Address: _____

_____ Postcode: _____

Postal Address: _____

_____ Postcode: _____

I hereby authorise the below named person to act on my behalf for the following:

- Make membership changes
- Discuss membership enquiries and make payments
- Cancel membership
- Submit claims and receive benefits payable
- All of the above

Person to be given authority

Title: _____ Surname: _____

Given Name(s): _____

Residential Address: _____

_____ Postcode: _____

Relationship to Member: _____

Signature: _____ Date: ____ / ____ / ____

This authority is to remain in force until revoked by me in writing.

Member's Signature: _____ Date: ____ / ____ / ____