



APPLICATION

BRANCH: _____

Member Number: _____

Member Name: _____

Telephone #: _____

ID Type & Number: _____

Expiry Date: _____

Contribution \$ _____ .00 per Hand

	TENURE	CONDITION FOR REWARD	REWARD
<input type="checkbox"/>	10 WEEKS **	MAX. ONE LATE PAYMENT ALLOWED	7% OF WEEKLY HAND
<input type="checkbox"/>	16 WEEKS	MAX. ONE LATE PAYMENT ALLOWED	5% OF WEEKLY HAND
<input type="checkbox"/>	24 WEEKS	MAX. TWO LATE PAYMENT ALLOWED	15% OF WEEKLY HAND
<input type="checkbox"/>	36 WEEKS	MAX. THREE LATE PAYMENT ALLOWED	45% OF WEEKLY HAND
<input type="checkbox"/>	48 WEEKS	MAX. FOUR LATE PAYMENT ALLOWED	90% OF WEEKLY HAND

PAYMENT FREQUENCY

- WEEKLY**
- FORTNIGHTLY**
- MONTHLY**

** PAYMENT FREQUENCY IS WEEKLY OR FORTNIGHTLY ONLY

PAYMENTS MUST BE MADE BEFORE THE AGREED DAY OF THE WEEK/MONTH IN ORDER TO AVOID PENALTIES

Minimum Weekly Hand = \$500

Signing this agreement, verifies that I have read and understood all the above-mentioned terms and conditions and have agreed to be bound by them.

Member Signature: _____ **Date** _____

Witness: _____
(Name & Signature)