



Long Service Leave Program Application Form

This should be filled out by an authorised representative of the church or organisation (usually the treasurer or secretary) on behalf of the proposed new member.

Member name Include title, name and surname													
Address													
Church or organisation name													
Eligibility (Please tick one)	<input type="checkbox"/> Church ministry <input type="checkbox"/> Ministry in an organisation												
Salary/ Stipend details	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><td style="width: 80%;">Salary/ Stipend</td><td style="width: 20%;">\$</td></tr> <tr><td>Housing allowance</td><td>\$</td></tr> <tr><td>Car allowance</td><td>\$</td></tr> <tr><td>Superannuation</td><td>\$</td></tr> <tr><td>Other</td><td>\$</td></tr> <tr style="background-color: #e0f0e0;"><td>Total</td><td>\$</td></tr> </table> <p>Note that contribution invoices will be based on the information provided above. If this changes, please advise the Administrator promptly.</p>	Salary/ Stipend	\$	Housing allowance	\$	Car allowance	\$	Superannuation	\$	Other	\$	Total	\$
Salary/ Stipend	\$												
Housing allowance	\$												
Car allowance	\$												
Superannuation	\$												
Other	\$												
Total	\$												
Contact details for authorised representative below	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">Name</td><td></td></tr> <tr><td>Position</td><td></td></tr> <tr><td>Email address</td><td></td></tr> <tr><td>Phone number</td><td></td></tr> </table>	Name		Position		Email address		Phone number					
Name													
Position													
Email address													
Phone number													

I confirm:

- That the applicant is eligible for membership of the Baptist Churches of NSW & ACT Long Service Program.
- That the church or organisation will make quarterly contributions to the fund at the rate specified in the Long Service Fund Rules, during the course of the applicant's ministry.
- That the church or organisation will advise when arrangements with respect to the applicant have concluded or any information provided above has changed.
- That I am an authorised representative of the church or organisation.

Signed

Name

Position

Date

Once completed, please email to finance@nswactbaptists.org.au