



MEMBER ONLINE REGISTRATION FORM

Given Name: _____ Surname: _____

Member Number: 00_____ Payroll Code: _____ Employer: _____

Mobile Number: (675) _____ Email Address: _____

Member Signature: _____

Date: ____/____/____

Note: It is important that you write down a current/reliable mobile number as the token will be sent to you via SMS.



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