



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.

