

2024 - ST JOHNS MEMBERSHIP

www.stjohn.org.nz 0800 785 646

GRANT

TERMS AND CONDITIONS

ADVANCEMENT OF HEALTH AND RELIEF OF POVERTY

This grant is to support Pouakani Members with obtaining St Johns Memberships to encourage and assist with independence and quality of life.

More information about the St Johns Memberships can be found here: [St Johns Membership Options](#)

APPLICATION DATES:

OPEN all year round. Grant payments will be made on the 20th of the month following approval.

AMOUNT:

Individual Membership - Covers 1 person

\$55 p.a We will cover full cost

Joint Membership - Covers 2 people living permanently at the same address

\$75 p.a. We will cover full cost if both named members are also registered Pouakani Members.

If only 1 person is registered with us, we will cover **\$55** of the total membership

Household Membership -Covers 3+ people living permanently at the same address

\$90 p.a We will cover full cost if all named members are also registered Pouakani Members.

If only 1 person is registered with us, we will cover **\$55** of the total membership.

If 2 named members are registered with us, we will cover **\$75** of the total cost

CRITERIA:

1. You must be a registered member of Pouakani Trust
2. You must have already paid for your St Johns Membership as this is a reimbursement of cost
3. All required documentation must be supplied. Incomplete or late applications will not be considered
4. Documentation Required:
 - o Proof of current/active St Johns Membership
 - o Proof of payment for the membership
5. Payment will be made in NZD (or equivalent) into your nominated NZ Bank account - please ensure that it is the correct account as Pouakani Trust will not take responsibility for missing funds based on incorrect details provided
6. Pouakani Trust will only deposit grants into New Zealand bank accounts
7. Applications will be reviewed on a monthly basis during the application period, and payment will be made on/around the 20th of the month following approval.
8. Voluntary donations that are made with the Membership will not be covered.

Hard copy application forms can be submitted via email to info@pouakani.co.nz or posted to us at:

**Pouakani Trust,
c/o Education Grant,
PO Box 615,
Taupō 3330.**

If you have any questions that are not answered here, please contact us at info@pouakani.co.nz and your patai will be put to the Board for consideration. The Board will not consider requests that go against any of the Terms and Conditions outlined above.

Pouakani Trust will treat all personal information with respect and will uphold all privacy obligations and responsibilities pursuant to the Privacy Act 2020. In signing this declaration you are confirming that the information provided is true and correct and that you have the authority to provide the information within the application form

** minimum amount is subject to change and will always reflect the St John Membership prices*

ST JOHNS MEMBERSHIP GRANT

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PERSONAL INFORMATION

Full Name of Applicant _____

Date of Birth _____ / _____ / _____

Address _____

Email _____

Contact Number _____

Names of all Pouakani Members that the membership covers _____

please provide proof of your active St Johns Membership including the names of those covered

How will this grant benefit you?

BANK ACCOUNT DETAILS

Please use the bank account that has already been provided

I am a first time applicant / I would like to update my bank account details held on file *proof of bank account must be provided

Bank and Branch _____

Account Name _____

Bank Account Number _____

please provide proof of this bank account

☎ 027-747-5676
www.pouakani.co.nz
🌐 info@pouakani.co.nz
📍 PO Box 615, Taupō 3330

**NGĀ MIHI
POUAKANI TRUST**

_____ date

_____ signature

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