

Support staff membership form

Membership no: _____

Title: _____ Name: _____ Surname(s): _____ DOB: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____ Sex: Male Female

Primary email: _____ Secondary email: _____

Workplace: _____

Workplace address: _____ Suburb: _____

Occupation: _____ Fee code: _____ Payment: \$ _____
(ie admin, teacher aide etc)

Do you wish to be identified as of Aboriginal or Torres Strait Islander descent? Yes No

Tick if you have been a previous member IEU membership no: _____ (if known)

I apply for membership of the Independent Education Union of Australia (NSW ACT Branch) (ABN 91 925 561 384) and its related body the NSW Independent Education Union (ABN 20 493 156 594). I agree to abide by the rules of the organisations and understand that I can resign from the Union by giving notice in writing to the Secretary.

Signature: _____ Date: _____

2017 support staff subscription rate

Initial payment must be for three months. This amount is not refundable. Your fee code is based on working hours per week

Fee Code	Category	Annual	Quarter	Month (automatic only)	Fortnight (PRD only)
S31	31- 38 hrs per week	\$430.00	\$107.50	\$35.80	\$16.50
S21	21- 30 hrs per week	\$328.00	\$82.00	\$27.30	\$12.60
S11	11- 20 hrs per week	\$228.00	\$57.00	\$19.00	\$8.80
S01	0 -10 hrs per week	\$115.00	\$28.80	\$9.60	\$4.40
S13	Casual	\$130.00	\$32.50	\$10.80	
S14	LWOP	\$60.00			
S15	Maternity	\$60.00			
S16	Unemployed	\$60.00			
S17	Retired	\$30.00			

Non member policy

No assistance will be given to non members. No assistance will be given to new members on serious matters relating to their employment which arose prior to joining.

How to pay

Choose from one of the options below

CREDIT CARD

Visa Mastercard Amex

Card no: _____ Expiry: _____

Name on card: _____

Auto monthly Auto quarterly Auto annually Annual

Automatic payments are processed at the end of the month and are continuous. Payments are on the last working day of the month. This authority remains in force from year to year until I advise otherwise in writing (membership@ieu.asn.au). If notification is not received no refunds will be given. The amount deducted may change from year to year based on my classification and the fee schedule.

DIRECT DEBIT

Name of financial institution: _____

Account name: _____

Account number: _____ BSB: _____

Monthly Quarterly Annually

I request that you, the IEUA NSW/ACT Branch arrange for my membership fees to be deducted from the account listed. This authority remains in force from year to year until I advise otherwise in writing (membership@ieu.asn.au). If notification is not received no refunds will be given. The amount deducted may change from year to year based on my classification and the fee schedule.

PAYROLL DEDUCTIONS

To commence deductions with your employer, please return the authority below:

Please note not all employers offer payroll deductions. Please check with your pay office before choosing this option.

I hereby authorise my employer _____ to deduct in equal instalments from my salary to commence at the next pay period and to remain in force until cancelled by me in writing to my employer and the IEU (membership@ieu.asn.au).

Pin no (if applicable): _____

CHEQUE/ MONEY ORDER

My cheque/money order for \$ _____ is attached.

I choose to pay my fee: Quarterly Annually

Privacy Act

The Union is bound by the Privacy Act. Information collected is necessary to contact and represent members on matters of membership and employment. The Unions Privacy Statement and the Schedule of Fees can be viewed on our website: www.ieu.asn.au.

How to submit form

Choose from one of the options below

- Email: membership@ieu.asn.au
- Fax: 02 9211 1455 | TF 1800 804 042
- Post: Reply Paid 88676 NORTH PARRAMATTA 1750
- Join online www.ieu.asn.au
- Alternatively you may join over the phone by calling 02 8202 8900 | TF 1800 467 943



Authorised by John Qessy, Secretary, Independent Education Union of Australia NSW/ACT Branch