

IEUA NSW/ACT Branch and NSW Nurses and Midwives' Association Dual Membership Form

NSWNMA

IEUA NSW/ACT

Membership number:

Membership number:

Personal details	Professional details
Title..... Surname First name <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-described Date of birth..... Address Suburb State.....Postcode..... Do you identify as Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No	Workplace Workplace suburb Occupation <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Registered Midwife
Contact details	
	Mobile Phone Preferred email..... Secondary email.....

I agree that 60% or more of my paid employment is with an education employer.

To apply for membership of the NSWNMA, please contact them directly (gensec@nswnma.asn.au or 8595 1234) to advise your IEU membership number. The NSWNMA will contact the IEU to confirm your membership.

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 that arose prior to joining.

2024 Nurses dual membership rate

Please tick member class and payment frequency.

Your member class is based on working hours per week.



Member class	Description	Fortnight <small>(PRD only)</small>	Month <small>(automatic only)</small>	Quarter <small>(automatic only)</small>	Annual
<input type="checkbox"/> FULLSU	Full-time support: more than 30 hours per week	<input type="checkbox"/> \$20.10	<input type="checkbox"/> \$43.50	<input type="checkbox"/> \$130.40	<input type="checkbox"/> \$521.70
<input type="checkbox"/> PART30	Part-time support: 21-30 Hours per week	<input type="checkbox"/> \$15.30	<input type="checkbox"/> \$33.20	<input type="checkbox"/> \$99.50	<input type="checkbox"/> \$398.00
<input type="checkbox"/> PART20	Part-time support: 11-20 Hours per week	<input type="checkbox"/> \$10.60	<input type="checkbox"/> \$23.10	<input type="checkbox"/> \$69.20	<input type="checkbox"/> \$276.70
<input type="checkbox"/> PART10	Part-time support: 0-10 hours per week	<input type="checkbox"/> \$5.40	<input type="checkbox"/> \$11.60	<input type="checkbox"/> \$34.90	<input type="checkbox"/> \$139.50
<input type="checkbox"/> CASUAL	Casual: more than 10 days/year		<input type="checkbox"/> \$13.20	<input type="checkbox"/> \$39.50	<input type="checkbox"/> \$157.80
<input type="checkbox"/> LEAVE	LWOP not including parental leave				<input type="checkbox"/> \$72.90
<input type="checkbox"/> PARENTAL	Parental leave				<input type="checkbox"/> \$72.90
<input type="checkbox"/> UNEMPL	Unemployed: less than 10 days/year				<input type="checkbox"/> \$72.90

OFFICE USE ONLY: Member number: _____ Date: _____

Payment details

The minimum join period is three (3) months and payments during this period are not refundable.

Choose ONE option from below:

Direct debit

Name of financial institution.....

Account name

Account number.....BSB number.....

auto monthly auto quarterly auto annually

or

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.

Payments will continue until you contact the IEU to cancel.

Payroll deductions

Please note not all employers offer payroll deductions, check with your pay office before selecting this option. If available, the union will contact your employer to commence deductions, you only need to return the form.

I hereby authorise my employer

..... to deduct union fees in equal instalments from my salary to commence from the next pay period and remain in force until cancelled by me in writing to my employer and the IEU (membership@ieu.asn.au). The amount deducted may vary from year to year based on my classification and the IEU fee schedule.

or

Amount (per fortnight) \$.....Employee pin no. (if applicable).....

Credit card

Visa Mastercard Amex

Card no..... Expiry.....

Name on card.....Amount.....

auto monthly auto quarterly auto annually annually

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.

I apply for membership of the Independent Education Union of Australia NSW/ACT Branch (ABN 91 925 561 384).

I agree to abide by the rules of the organisation and understand that I can resign from the union by giving notice in writing to the Secretary.

Signature Date.....

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 union's Privacy Statement and the Schedule of Fees can be viewed on our website: ieu.asn.au

How to submit this form

Email membership@ieu.asn.au

Post Reply Paid 88676 North Parramatta 1750

Alternatively, join online or call us

Online ieu.asn.au

Phone 8202 8900 (Press 1) Toll free 1800 467 943



Authorised by Carol Matthews, Secretary
Independent Education Union of Australia NSW/ACT Branch