

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

### NSWNMA

Membership number:

### IEUA NSW/ACT

Membership number:

#### Personal details

Title.....

Surname .....

First name .....

☐ Female ☐ Male ☐ Self-described

Date of birth.....

Address .....

.....

Suburb .....

State.....Postcode.....

Do you identify as Aboriginal or Torres Strait Islander?

☐ Yes ☐ No

#### Professional details

Workplace .....

.....

.....

Workplace suburb .....

Occupation .....

☐ Registered Nurse

☐ Registered Midwife

#### Contact details

Mobile .....

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](mailto: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.

- 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 ([membership@ieu.asn.au](mailto:membership@ieu.asn.au)).

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](http://ieu.asn.au)

#### How to submit this form

Email [membership@ieu.asn.au](mailto:membership@ieu.asn.au)

Post Reply Paid 88676 North Parramatta 1750

Online [ieu.asn.au](http://ieu.asn.au)

Phone 8202 8900 (Press 1)

## 2026 membership fees

Please tick member classification and payment frequency.

*Your membership classification is based on working hours per week.*

Classification		Description	Fortnight	Quarter	Annual
			*PRD and DD only	*DD and AutoCC only	* DD, AutoCC and CC only
<input checked="" type="checkbox"/>	<b>FULLSU</b>	Full-time membership Support Staff	<input checked="" type="checkbox"/> \$21.39	<input checked="" type="checkbox"/> \$139.04	<input checked="" type="checkbox"/> \$556.16
<input type="checkbox"/>	<b>PART30</b>	21-30 hours per week	<input type="checkbox"/> \$16.32	<input type="checkbox"/> \$106.07	<input type="checkbox"/> \$424.29
<input checked="" type="checkbox"/>	<b>PART20</b>	11-20 hours per week	<input checked="" type="checkbox"/> \$11.35	<input checked="" type="checkbox"/> \$73.74	<input checked="" type="checkbox"/> \$294.97
<input type="checkbox"/>	<b>PART10</b>	0-10 hours per week	<input type="checkbox"/> \$5.72	<input type="checkbox"/> \$37.18	<input type="checkbox"/> \$148.71
<input checked="" type="checkbox"/>	<b>CASUAL</b>	Casual: more than 10 days/year	<input checked="" type="checkbox"/> \$6.47*	<input checked="" type="checkbox"/> \$42.05	<input checked="" type="checkbox"/> \$168.22
<input type="checkbox"/>	<b>LEAVE</b>	Leave without pay	<input type="checkbox"/> \$2.99*		<input type="checkbox"/> \$77.71
<input checked="" type="checkbox"/>	<b>PARENTAL</b>	Parental leave	<input checked="" type="checkbox"/> \$2.99*		<input checked="" type="checkbox"/> \$77.71
<input type="checkbox"/>	<b>UNEMPL</b>	Unemployed	<input type="checkbox"/> \$2.99*		<input type="checkbox"/> \$77.71

\* PRD – Payroll deduction; DD – Direct debit; AutoCC – Automatic credit card; CC – Credit card annual non-recurring payment.

♦For direct debit options only, NO PAYROLL DEDUCTIONS

## 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

I request that you, the IEU NSW/ACT Branch, arrange for my membership fees to be deducted from the account provided.

**This authority is ongoing until I advise the IEU in writing (membership@ieu.asn.au).** If written notice 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.

Name of financial institution .....

☐ auto quarterly

Account name .....

☐ auto annuallyBSB    -   ☐ **auto fortnightly**  
(processed on the Friday of your pay week)

Account

Payments will continue until you contact the IEU to cancel.

Next pay date: ...../...../.....

## Credit card

I request that you, the IEU NSW/ACT Branch, arrange for my membership fees to be deducted from the credit card provided.

**Where automatic payments are selected this authority is ongoing until I advise the IEU in writing ([membership@ieu.asn.au](mailto:membership@ieu.asn.au)).**

If written notice 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.

□ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □

☐ auto quarterly

☐ Visa ☐ Mastercard ☐ Amex      Expiry   /

☐ auto annually

Name on card .....

☐ annually



**See automatic  
payment schedule  
online**

## Payroll deductions

Please note not all employers offer payroll deductions, if you are unsure check with the IEU before selecting this option (email [membership@ieu.asn.au](mailto:membership@ieu.asn.au) or phone 8202 8900-press 1). 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.

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