



Independent Schools Education Association Incorporated

MEMBERSHIP APPLICATION

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Representing teaching and non teaching staff in independent schools

2012

Personal Information

What is your name?

Surname or Family Name

Given or First Names

I am usually known as

Are you: Male Female

Contact Details

Name of School

School address
..... Post code

What is your home postal address?

.....
..... Post code

What are your preferred contact details?

Telephone Mobile

Email Address

Membership Benefits

Please indicate whether you consent to ISEA passing your contact details to approved organisations solely for the purpose of offering you ISEA membership benefits.

YES NO not at all

Privacy

ISEA holds the information you provide on this form to ensure you enjoy the full benefits of ISEA membership. It enables us to let you know about union activities you can participate in and helps us to provide a better service for all members. For these purposes ISEA will require from time to time, disclosure from your employer of information about the terms and conditions of your employment. You can review and request correction of personal information held by ISEA at any time.

Incomplete information may make your application slower to process and may cause delays in providing you with the full benefits of membership.

Subscription Payment

Step 1 - are you a teacher or support staff member working full-time or part-time [under 20 hours per week]

Teacher	Support Staff	Full-time	Part-time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 2 – Payment Method - Please indicate how you wish to pay your ISEA subscriptions

Option A

By deduction from salary or wages.

I hereby authorise my employer or its payroll agent to make deductions from my salary/wage payments which will be remitted to ISEA in payment of membership subscriptions.

Such deductions will be made at the applicable rate, determined by ISEA from time to time in accordance with the rules of ISEA, and advised to employers or payroll agents by the Administrator.

OR

Option B

By direct debit from personal bank account.

Please determine your subscription rate from the chart on page 4 and then complete the direct debit authority on the opposite page.

OR

Option C

By cheque. Indicate your preferred invoice frequency by ticking one of the following:

Annually	Six Monthly
<input type="checkbox"/>	<input type="checkbox"/>

Please determine your subscription rate from the chart on page 4 and attach a cheque for your payment.

Declaration and consent

I understand that upon acceptance of this application, I am entitled to a copy of the Constitution of ISEA and shall be bound by the relevant sections.*

In accordance with the Employment Relations Act 2000, I authorise ISEA to act as my representative in all matters relating to the bargaining and enforcement of my employment agreement. I consent to the disclosure of the information given in this form to the authorised officers and agents of ISEA for the purposes of bargaining enforcement.

In accordance with the Privacy Act 1993, I consent to the disclosure of information about the terms and conditions of my employment held by my employer to ISEA for the purposes of the efficient delivery of union services by ISEA to me.

I declare that the information contained in this application is correct and that there are no employment related legal, ethical or disciplinary matters in progress at the time of this application for which I would require assistance from ISEA.

SIGNED..... DATE.....

*If required a copy of the rules will be supplied upon request, or they may be downloaded from our website at www.isea.org.nz

Before sending your completed application form to ISEA, have you:

1. Ticked one option **ONLY** for your method of payment?
2. Signed and dated the bottom of page 2?

Thank you for taking the time to fill in this form.

Membership applications received at the ISEA Office are normally processed within 10 working days of receipt. If no acknowledgement of your application is received within a reasonable period please contact the Administrator on 09 833.9796 or email to admin@isea.org.nz

Subject to acceptance, membership of ISEA is effective from the date this form is received at the ISEA Office.

FREEPOST ISEA

Independent Schools Education Association Inc

P O Box 95-143

Swanson

AUCKLAND 0653

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second

Fold here
first

ISEA Subscription Rates from 1st February 2012 [GST inclusive]

MEMBERSHIP CLASSIFICATION	OPTION A	OPTION B
	Fortnightly Salary Deduction	Monthly Direct Debit
Full-time teaching	\$12.00	\$26.00
Full-time support	\$8.50	\$18.50
Part-time teaching	\$6.00	\$13.00
Part-time support	\$4.25	\$9.25

OPTION C	
Per 6 months	Per Annum
\$155.00	\$310.00
\$110.00	\$220.00
\$77.50	\$155.00
\$53.00	\$110.00

Honorary Membership Subscription: \$30.00 per annum