

Tick one only

Usual hours of work per week ☐ Under 20 ☐ 20 - 34 ☐ 35 or more ☐ Freelance journalist

Solidarity Membership upgrade

☐ Yes, I want to become a Solidarity Member! Choose your contribution: ☐ \$10 weekly ☐ \$6 weekly ☐ \$4 weekly ☐ \$2 weekly

Title ☐ Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Mx

First names

Family name

Date of birth

DD / MM / YYYY

Gender ☐ Male ☐ Female ☐ Gender diverse ☐ Prefer not to disclose

Ethnicity

Iwi (if Maori)

Address

City

Postcode

Phone (home)

Phone (mobile)

Email

Company/
Employer

Worksite street
address

Occupation
or title/rank

TERMS OF MEMBERSHIP

- I apply to become a member of E tū Incorporated ("the Union").
- I agree to be bound by and observe the constitution of the Union.
- I agree to pay Union fees at the rate set by the Union from time to time.
- I authorise my bank to debit my accounts with the amounts agreed in accordance with the direct debit authority form.
- If I wish to resign from the Union I will give the Union 14 days' notice in writing and will pay fees up to the expiry date of that notice.
- I authorise the Union to represent me in relation to my collective employment interests including bargaining for a collective agreement covering my work and I agree to be bound by the outcome of any ratification procedure conducted in accordance with the Union's rules.
- I authorise the Union to represent me in relation to negotiating or enforcing an individual employment rights or in any employment investigations and to represent me under section 236 of the Employment Relations Act.
- I acknowledge that the Union has no obligation to represent me in relation to an employment issues that arose prior to my joining the Union.
- I acknowledge that the Union has a discretion as to whether and how it may represent me in any matter including commencing or continuing legal proceedings and that I have the right to complain to the National Secretary if I am dissatisfied with any such decision.
- I agree that the Union may at its absolute discretion delegate its authority to represent me to any other person or organisation as it decides appropriate.
- I authorise the Union to obtain personal information about me that might otherwise be protected from disclosure under the Privacy Act, from my employer or any agent of my employer, including but not limited to wage and time records.

☒ I authorise payment of my Union fees by direct debit in accordance with the terms and conditions above.

Signature

Date

DD / MM / YYYY

☐ I instruct that no part of my union fees be used for political purposes
(Your choice on this will be entered into the Union's membership list but will not be disclosed otherwise)



DIRECT DEBIT AUTHORITY FORM

Name of Account

**AUTHORITY TO ACCEPT
DIRECT DEBITS**
(Not to operate as an
assignment or agreement)

Bank account from which payments to be made:

Bank

Branch

Account number

Suffix

0 2 0 1 3 3 5

authorisation code

Approved

0133

09/18

To: The Bank Manager

Bank

Branch

Town/City

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer particulars

Payer code

Payer reference

Full name

Phone
(Mob)

Email

Address

Postcode

Company/
Employer

Preferred debit frequency (tick one):

Weekly (debited on Friday)

☐

Fortnightly (debited on alternating Thursday)

☐

Monthly (debited on the 5th of every month)

☐

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from E t ū Incorporated (the 'Initiator') with the authorisation code specified on this authority and in accordance with this authority until further notice from me.

I agree that this authority is subject to:

- my bank's terms and conditions that relate to my account, and
- the terms and conditions listed below.

Authorised Signature/s:

Date

DD / MM / YYYY

Specific conditions relating to notices and disputes

- I agree that the initiator must give me at least 2 days' notice prior to each direct debit, provided that where the direct debit is in a series, the Initiator is only required to provide 2 days' notice prior to the first direct debit in the series.
- Changes to the amounts or dates of a series of direct debits require 30 days' prior notice to me.
- I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
- All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
- I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - I didn't receive proper notice of the amount and date of the direct debit, or
 - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
- If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

For Bank Use Only

Original - Retain at Branch
Copy - Forward to Initiator
if requested

Date Received:

Recorded by:

Checked by:

Bank
Stamp



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