

MEMBERSHIP APPLICATION FORM



Yes! I would like to join TIASA



1

Personal Details

Surname

First name(s) Please underline preferred name

Ms

Miss

Mrs

Mr

Other

Gender

Female

Male

Home address (number, street, suburb)

City



2

Employment Details

Institute:

Campus:

Faculty/Dept:

Year commenced: Position held:

Work status: Full time Part time Temporary

Hours per week:

Work phone: () (Extn)

Email:

EEO Data (Optional)

Salary band

0 - \$15,000

\$15,001 - \$20,000

\$20,001 - \$30,000

\$30,001 - \$40,000

\$40,001 - \$50,000

Over \$50,000

Pakeha

Maori

Tribal affiliation:

Please specify:

Please specify:

Authorisation/Declaration

I hereby apply for membership of the Tertiary Institutes Allied Staff Association (TIASA), or any succeeding organisation and authorise TIASA to:

- Act as my sole representative in exercising any of my rights and powers given to me under the Employment Relations Act 2000, or otherwise, in relation to my employment, and
 - Act as my representative in respect of my current and future employment agreement, and
 - Settle, subject to ratification, the terms of any applicable employment agreement through negotiations with my employer
- I authorise TIASA to hold and use any information that I provide for any purpose that is in accordance with TIASA's stated objects. I agree that TIASA is not obligated to act on my behalf in any matter that arose prior to this application.

Signed:

Date / /



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Salary Deduction Authority

I authorise the deduction of my TIASA subscriptions (fees) from my salary on a fortnightly basis, at the rate advised from time to time by TIASA.

This authority will remain in force until revoked by me in writing and in accordance with TIASA's rules.

Signed:

Date / /

For National Office use only

Application: accepted/declined

Membership No:

Please ensure you sign both panels and return to:



TIASA NATIONAL OFFICE
P.O. Box 1594, Rotorua