

AVIATION & MARINE ENGINEERS ASSOCIATION

1st Floor, 44 Anzac Ave, Auckland. PO Box 3471, Auckland 1140.
Phone (09) 358 0050, Fax (09) 358 0063,
Email: union@amea.co.nz Website: www.amea.co.nz



APPLICATION AND AUTHORISATION FORM (Under the Employment Relations Act 2000)

Male <input type="checkbox"/> (Mr) Female <input type="checkbox"/> (Ms / Miss / Mrs)	Surname (Please Print) <input type="text"/>	First Names <input type="text"/>
-----------------------------------------------------------------------------------------	------------------------------------------------	----------------------------------

ADDRESS	<input type="text"/>		
	<input type="text"/>		Postcode <input type="text"/>
TELEPHONE NUMBER	Home <input type="text"/>	Work <input type="text"/>	
	Email <input type="text"/>	Mobile <input type="text"/>	

DIVISION (Please tick appropriate box)	<input type="checkbox"/> Marine	<input type="checkbox"/> Industrial	<input type="checkbox"/> Salaried Engineer	<input type="checkbox"/> Flight Planners
	<input type="checkbox"/> ATA	<input type="checkbox"/> Managers	<input type="checkbox"/> Administration	

SUBSCRIPTION (Tick Method Required)	<input type="checkbox"/>	I authorise my employer to deduct my Association fees and forward it to the Association.							
	<input type="checkbox"/>	I elect to pay my fees direct to the Association by Direct Debit/Cheque Enclosed.							
	<input type="checkbox"/>	\$5.95 per week	<input type="checkbox"/>	\$11.90 per f/night	<input type="checkbox"/>	\$25.78 per/month	<input type="checkbox"/>	\$6.00 Part time/Trainees per fortnight	<input type="checkbox"/>

NOTE

You must become and remain a FINANCIAL MEMBER to receive Association Service or coverage.

I apply to remain/become a member of the Association and authorise the Association to be:

1. My bargaining agent under the Employment Relations Act 2000 and;
2. My representative in respect of any rights or powers given to me under the Employment Relations Act 2000 or otherwise.

I do not authorise the Association to accept any Lockout Notice from my employer on my behalf.

I have read and understood the information set out on the reverse of this Authorisation Form defining my relationship with the Association and agree to those terms.

MEMBERS SIGNATURE	<input type="text"/>	Date	<input type="text"/>
-------------------	----------------------	------	----------------------

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR OUR RECORDS ONLY.
IF THIS INFORMATION CHANGES PLEASE NOTIFY THE OFFICE.

EMPLOYERS NAME	<input type="text"/>
EMPLOYMENT LOCATION	<input type="text"/>
RANK OR POSITION	<input type="text"/>
QUALIFICATION/ CERTIFICATE	<input type="text"/>
APPLICABLE COLLECTIVE AGREEMENT	<input type="text"/>

SEND THIS COPY TO THE ASSOCIATION

