

Aviation & Marine Engineers Association

6 Mitchelson St · PO Box 11-112, Ellerslie, Auckland 1542
Phone (09) 358 0050 · Fax (09) 3580063 · Email: union@amea.co.nz



APPLICATION AND AUTHORISATION FORM

(Under the Employment Relations Act 2000)

General Info	Title (please tick) <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS			
	Surname		First Names	
Address				
			Postcode	
Contact Details	Home		Work	
	Email		Mobile	

Division (Please tick appropriate box)	<input type="checkbox"/> Marine	<input type="checkbox"/> Industrial	<input type="checkbox"/> Salaried Engineers	<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 fees and forward it to the Association.			
	<input type="checkbox"/> I elect to pay my fees direct to the Association by Automatic Payment / Cheque enclosed.			
	<input type="checkbox"/> \$7.00 per week	<input type="checkbox"/> \$14.00 per fortnight	<input type="checkbox"/> \$30.35 per month	
	<input type="checkbox"/> \$7.00 Part time / Trainees (per fortnight)		<input type="checkbox"/> \$364.00 per annum	

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:

1. Bargain on my behalf under the Employment Relations Act 2000 and;
2. Be 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 below this Authorisation form defining my relationship with the Association and agree to those terms.

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

Employers Name	Employee ID No.
Employment Location	
Rank or position	
Qualification/Certificate	
Applicable Collective Agreement	
AMEA Membership No.	

- RETURN THIS COPY TO THE ASSOCIATION -

Please fill out online, copy, sign & email to the Association

APPLICATION AND AUTHORISATION ESTABLISHES THE FOLLOWING RELATIONSHIP BETWEEN THE MEMBER AND THE ASSOCIATION

THE MEMBER WILL:

1. Abide by the Rules of the Association.
2. Become and remain a financial member in terms of the Associations Rule 6.
3. Take part in the democratic processes of the Association and be bound by majority decisions taken in accordance with the Association Rules.
4. Have the Association represent them in respect of employment proceedings, negotiations and other employment matters under the Employment Relations Act 2000.
5. Provide the Association with updated information should any of the personal details recorded on this form change or on changing employment agreement or employer.
6. Give the Association 1 month written notice of their intention to withdraw from the Association, in accordance with the Association rules.

THE ASSOCIATION WILL IN ACCORDANCE WITH ITS RULES:

1. Provide advice and advocacy for the member.
2. Give the member the opportunity to participate in the affairs of the Association and obtain the benefits of membership.
3. Be governed by the will of the members expressed in terms of resolutions made pursuant of the Association Rules. Only financial members who are party to a particular employment contract or agreement may make resolutions affecting that contract or agreement.
4. Represent the member and be their agent in negotiations for collective and/or individual employment agreements or contracts.
5. Have the right to decline to act as bargaining representative for any member after giving written notice to the member.

Fee Schedule:

Weekly:	\$ 7.00
Fortnightly:	\$ 14.00
Monthly:	\$ 30.35
Part time/Trainees:	\$ 7.00 (per fortnight)
Per Annum:	\$ 364.00