



membership form application/renewal for 2010

REPLY PAID
PO Box 418, Fortitude Valley Q 4006

QUEENSLAND :
Ph: (07) 3839 7020 Toll Free: 1800 177 937

NORTHERN TERRITORY :
Ph: (08) 8981 1924 Toll Free: 1800 351 996

Email: enquiries@qieu.asn.au
M/ship Email: members@qieu.asn.au
Internet: www.qieu.asn.au

ABN: 74 662 601 045

ON PAYMENT THIS FORM
BECOMES A TAX INVOICE

Membership No

Collection of this information complies with the provisions of the Privacy Amendment (Private Sector) Act 2000.

PERSONAL DETAILS

I, Rev, Dr, Mr, Mrs, Miss, Ms **Family Name** **Given Names**

HOME ADDRESS.....

..... **POSTCODE**.....
(MAIL MAY BE SENT TO YOUR SCHOOL UNLESS OTHERWISE ADVISED)

PHONE NO: () **MOBILE NO:** **DATE OF BIRTH:**

HOME EMAIL: **WORK EMAIL:**

DO YOU WISH TO BE RECORDED AS BEING OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT? YES NO

EMPLOYED AT: **SCHOOL NO:**

hereby wish to apply for/renew membership of the Independent Education Union of Australia - Queensland and Northern Territory Branch. I agree to be bound by its rules and amendments made in accordance with these rules. In addition I appoint IEUA as my agent for the purposes of and I authorise IEUA to represent me in any industrial matter or dispute.

This authority to represent may be withdrawn by a written request.

Signature:

Date:...../...../.....

PAYMENT DETAILS


SCHEDULE FEE \$ (See Schedule of Fees on Page 4)

No changes to periodic payment arrangements from last year

Please complete page 2 then no further details required. Please return form in the attached Reply Paid envelope to enable us to update our records.

Payment by Cheque

Please complete page 2 to enable us to update our records. My cheque for \$ is attached.

 **Biller Code: 172254**
Reference:

Please complete page 2 then call your bank, credit union or building society to make this payment from your cheque, savings or credit card account before forwarding your completed form to IEUA-QNT. More info: www.bpay.com.au. BPAY is not available as a periodic payment. BPAY is only available to existing members.

Payment by Direct Debit

Please complete page 2 then Section A on page 2. Payment by fortnightly or monthly instalments from your Bank/Financial Institution.

Payment by Credit Card

Please complete page 2 then Section B on page 3.

Note: An administration fee equivalent to 6 weeks of membership fee is non-refundable

IT IS REQUESTED THAT ALL RENEWAL APPLICATIONS FOR PERIODIC PAYMENT BE COMPLETED AND RETURNED BY 21/12/2009.

CLASSIFICATION

(To be completed by applicable Northern Territory members)

Please tick the relevant classification

- Principal
- Teacher/Instructor/Tutor Step.....
- Educator Step
- 1st Year Graduate Teacher Step
- School Officer Level Step
- Term Time School Officer Level Step
- Associate Student Teacher (Currently at University) Free Membership

HOURS OF EMPLOYMENT

- Full Time
- Part Time Hrs p/w.....
- Job Share Hrs p/w.....
- Term Time Hrs p/w.....
- Contract Hrs p/w.....
- Casual

No. of weeks employed each year

CLASSIFICATION

(To be completed by applicable Queensland members)

Please tick the relevant classification

- | | |
|---|--|
| <input type="checkbox"/> Boarding House Staff | <input type="checkbox"/> Laundry Staff |
| <input type="checkbox"/> Janitor | <input type="checkbox"/> Domestic Staff |
| <input type="checkbox"/> Caretaker | <input type="checkbox"/> Bookhire/Uniform Shop |
| <input type="checkbox"/> Groundpersons | <input type="checkbox"/> Catering Staff |
| <input type="checkbox"/> Gardeners | <input type="checkbox"/> Canteen Assistants |
| <input type="checkbox"/> Security Staff | <input type="checkbox"/> Other |

Please indicate your Approximate Gross Salary \$ Number of weeks employed per year

SECTION A DIRECT DEBIT

QUEENSLAND INDEPENDENT EDUCATION
UNION OF EMPLOYEES
(Acting as collecting agent for IEUA-QNT)

DIRECT DEBIT REQUEST FORM

Membership No

I/We hereby request you, Queensland Independent Education Union, User ID No. 084413 on behalf of the IEUA-QNT, to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule.

NAME:

ADDRESS:

Post Code:

SIGNATURES:

(If debiting from a Joint Bank Account both signatures are required)

DATE:

NAME & BRANCH OF FINANCIAL INSTITUTION:

BSB NO: **ACCOUNT NO.:**.....

Commencing on the next drawing date, please debit the amount, as determined by the Schedule of Fees, from the above account and thereafter each fortnight or month until these arrangements are cancelled by me/us with notification to you in writing.

Please indicate preferred method:

FORTNIGHTLY
(Your next pay date)

Fortnightly Direct Debits are processed on the Friday of your pay week

MONTHLY
Monthly Direct Debits are processed on the 20th of each month or first working day after



OFFICE USE ONLY

Direct Debit Amt: \$ Fee Code: Initials: Date:/...../.....

OFFICE USE ONLY

Date:..... Receipt:..... Fee Code: Initials:



SCHEDULE OF FEES - 2010

These rates include the Goods and Services Tax (GST) applicable

	Direct Debit per fortnight	Direct Debit per month	Credit Card by monthly instalments	Credit Card by quarterly instalments	Credit Card by half yearly instalments	Payment by 21/12/2009	Payment by 28/2/2010	Full Rate
1. Members with a gross income less than \$20,000 per annum	6.70	14.55	15.35	46.00	92.00	165.60	174.00	184.00
2. Members with a gross income \$20,001 - \$25,000 per annum	8.90	19.30	20.35	61.00	122.00	219.60	231.80	244.00
3. Members with a gross income \$25,001 - \$30,000 per annum	11.10	24.05	25.35	76.00	152.00	273.60	288.80	304.00
4. Members with a gross income \$30,001 - \$35,000 per annum	13.35	28.90	30.40	91.25	182.50	328.50	346.75	365.00
5. Members with a gross income \$35,001 - \$40,000 per annum	15.55	33.75	35.50	106.50	213.00	383.40	404.70	426.00
6. Members with a gross income \$40,001 - \$45,000 per annum	17.85	38.65	40.65	122.00	244.00	439.20	463.60	488.00
7. Members with a gross income \$45,001 - \$50,000 per annum	20.00	43.40	45.65	137.00	274.00	493.20	520.60	548.00
8. Members with a gross income \$50,001 - \$55,000 per annum	22.30	48.30	50.85	152.50	305.00	549.00	579.50	610.00
9. Members with a gross income \$55,001 - \$60,000 per annum	24.50	53.05	55.85	167.50	335.00	603.00	636.50	670.00
10. Members with a gross income \$60,001 - \$65,000 per annum	25.50	55.25	58.15	174.50	349.00	628.20	663.10	698.00
11. Members with a gross income \$65,001 and above	26.40	57.15	60.15	180.50	361.00	649.80	685.90	722.00
12. Graduate Teacher - 1st Year of Appointment as a Teacher	17.85	38.65	40.65	122.00	244.00	439.20	463.60	488.00
13. Associate Retired						90.00	90.00	90.00
14. Maternity Leave						65.00	65.00	65.00

CALCULATION OF YOUR FEES WILL BE BASED ON THE GROSS SALARY/WAGE RATE RECEIVED AS AT 1 JANUARY 2010

YOUR FEE IS BASED ON PRE SALARY PACKAGING ARRANGEMENTS

Payroll Deduction is only offered to Northern Territory members. Rates are available on request. Existing PRD authorities continue until revoked.

UNION MEMBERSHIP FEES ARE FULLY TAX DEDUCTIBLE