

INDEPENDENT EDUCATION UNION OF WESTERN AUSTRALIA
INDEPENDENT EDUCATION UNION OF AUSTRALIA (WA BRANCH)

Joined by: Web / Email IEU School Visit
 Phone Colleague / Seminar --->

Colleague's Name / Seminar Details

Surname Given Names Mr / Mrs / Miss / Ms / Dr

Private Address Suburb P/Code

Phone (H) Mob

Aboriginal/TSI
(Optional)

Please Tick your
Annual Salary Level:

- Up to \$20,000
 \$20,001 to \$30,000
 \$30,001 to \$40,000
 \$40,001 to \$50,000
 \$50,001 to \$60,000
 \$60,001 to \$70,000
 \$70,001 and above

Email (H)

Email (W)

Employer (School/Campus) Dept / Year / Area

Yrs of Experience Full Time / Part Time Classification (e.g. Teacher, Secretary, Boarding House)

PAYMENT OPTIONS:

Please deduct from my: MasterCard Visa Card Bank Account
Deductions to be made: Fortnightly (Bank A/c Only) Monthly Quarterly Annually (5% Discount)

CREDIT CARD DETAILS:

Cardholder's Name:

Credit Card Number:

Expiry Date: ___/___

BANK ACCOUNT DETAILS:

I, Name of Customer

authorise you

ACPA User ID No.

Independent Education Union of Western Australia

067975

to arrange for funds to be debited from my account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing Systems (BECS). This authorisation is to remain in force in accordance with the terms described in the IEUwa Direct Debit Service Agreement.

Bank Account to be Debited:

Name of Financial Institution

Account Name

BSB Number

Account Number

I authorise the following:

1. My School Bursar / Payroll Officer to release my bank details to the IEUwa.
2. The Direct Debit User to verify the details of the above mentioned account with my Financial Institution.
3. The Financial Institution to release information allowing the Debit User to verify the above mentioned account details.

I hereby apply for membership of the IEUwa and IEUA (WA Branch). Further, I appoint IEUwa and IEUA as my agent to represent me in any industrial matter or dispute. This authority to represent may be withdrawn by a written request.

I request that the membership subscription, including any increase, as determined by the Executive, be charged to my nominated account. This authority is to apply until cancelled in writing by me.

Signature:

Date:

Office Use: