

Membership Application or Change Notification Form

Full explanations of all sections of this application form can be found in the pamphlet Join PPTA and in the PPTA Constitution available at www.ppta.org.nz. For more information call toll free 0800 630 400.

I authorise the following:

- A new deduction** of subscription from my salary payment
- Change** in my **personal details**
- Invoice** for my annual subscription (*Honorary & ACE members only*)

First name(s) Surname

Female Male Preferred name (*if different from above*)

M.O.E. Number* (Employee Number) (* *except for Honorary & ACE members*)

School(s)

Home Address: Street Suburb

Town/City..... Home Phone ()

Mobile () Email

Membership Types and Subscription Rate (*Please tick one*)

- Full membership - 1% of fortnightly actual annual rate within the base scale (incl. GST)**
 Includes full-time and part-time teachers and principals, teachers in their first year of teaching, relievers and full members who are on leave without pay for up to two years. Payable by salary deduction only.
- Honorary membership - \$50 per annum (incl. GST)**
 Ex-members who have resigned or retired or are on LWOP for more than two years. Payable by annual invoice only.
- Adult & Community Education (ACE) - \$50 per annum (incl. GST)**
 Includes non-teaching coordinators, tutors, professional supervisors and liaison assistants. Payable by annual invoice only.

Additional Information

- I wish to be on the PPTA Māori Electoral Roll
- I wish to be on the Pacific Island Electoral Roll
- I have previously been a member of PPTA
- I am an itinerant teacher of music
- I am a teacher member also working in ACE
- I am a deputy/assistant principal
- I am a new teacher
- I am a principal

I will be on approved leave without pay from my teaching position from until

(*Please enclose a copy of a letter of approval.*)

Membership Declaration

I..... (*your name*) apply for membership of the NZ Post Primary Teachers' Association. In accordance with the Employment Relations Act 2000, I authorise the NZPPTA to act for me in all matters relating to the bargaining and enforcement of my contract of employment subsequent to the signing of this form, and to obtain my MOE number should this be necessary. I hereby agree to abide by the NZPPTA rules. I consent to the disclosure of the information given on this form to the authorised officers and agents of NZPPTA for purposes of bargaining and enforcement and for access to other membership benefits. This authority continues in force until I withdraw it in writing.

Signed: Date:

Please return this form in an envelope addressed: PPTA, Freepost 103122, PO Box 2119, WELLINGTON

OFFICE USE	Processed Date	Payroll Notification <input type="checkbox"/>	Card No	Date Financial
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