

Membership Application



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

Given name(s) _____ Family name _____

Preferred name *(if different from above)* _____

M.O.E number on payslip* _____

**If not yet started please state your appointment date:* _____

Home address: _____

Street _____

Suburb _____ Town/City _____

Home phone _____ Cellphone _____

Email (school) _____ Email (personal) _____

I have previously been a member of PPTA

School(s)** _____

***If you are not employed as a teacher or principal in a state or integrated area, composite or secondary school please confirm which of the following applies:*

I am employed in a primary or intermediate school as a specialist technology teacher; technology courses which include a practical component make up 70% or more of my weekly timetabled teaching time.

I am employed in Adult and Community Education and agree to be invoiced for my membership fee at the rate of \$50.00 per annum.

Additional information

Gender Female Male Another: _____

I wish to be on the PPTA's Māori electoral roll & network

I wish to be on the PPTA's Pasifika electoral roll & network

Sign up for networks and interest groups

Rainbow network Principals Network of establishing teachers Out of hours music & art

Women's network Senior leaders Itinerant teachers of music

Membership declaration

I _____ *(your name)* apply for membership of the NZ Post Primary Teachers' Association Te Wehengarua. In accordance with the Employment Relations Act 2000, I authorise PPTA Te Wehengarua 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 all information necessary, including my M.O.E number. I hereby agree to abide by the PPTA Te Wehengarua rules. I consent to the disclosure of the information given on this form to the authorised officers and agents of PPTA Te Wehengarua for purposes of bargaining and enforcement and for access to other membership benefits. This authority continues in force until I withdraw it in writing.

I further authorise **deduction** of subscription from my fortnightly salary payment at a rate of **1% of fortnightly actual annual rate within the base scale** (incl. GST)

Signed _____ Date _____

Once completed, scan form and email to membership@ppta.org.nz or fold, seal and return (no stamp required).

Office use

Processed date: _____ Payroll notification Card No _____ Date financial: _____

Fold 1

**PPTA Te Wehengarua
FREEPOST 103122
PO Box 2119
Wellington 6140**

Fold 2

Seal here