

**Membership Application and Deduction
Authorisation and authority to represent
pursuant to the Employer Relations Act 2000**



*For a Better
Working Life*

Office Use Only - Membership No.

PLEASE PRINT CLEARLY (Applicants may decline to answer a question but full completion will assist the Union to deliver the best possible services. All information supplied will be kept confidential to the Union at the Hamilton office.

COMPANY _____ COMPANY NUMBER _____

SITE _____ DEPARTMENT _____ CLASSIFICATION _____

FULL NAME: MR MRS MISS MS _____

HOME ADDRESS _____

Phone _____ Mobile _____ Email _____

Date Started / /

Circle that which is applicable Full Time Part Time Temporary Casual

DATE OF BIRTH / /

MALE / FEMALE

ETHNIC ORIGIN
(eg. European, Maori, Pacific Islander etc)

If worked in the Dairy Industry before Where When To be used for cross reference of ex-members files

- 1) I apply to become / remain a member of the New Zealand Dairy Workers Union ("The Union")
- 2) I authorise the Union and its officials, or any person or organisation to whom it may at its absolute discretion delegate this authority, the right to represent me. This authority is given pursuant to section 236 Employment Relations Act 2000.
- 3) I authorise my employer to deduct Union fees from my wages and remit them to the union office on a regular basis. The amount deductible shall be that as advised from time to time by the Secretary of the Union.
- 4) I authorise the Union to hold, in confidence, the information I have given above. I also grant permission for the information to be used, by the Union, for statistical purposes and to enable the Union to deliver the best possible services.
- 5) I acknowledge my right to obtain access to the information I have supplied about myself while being held by the Union and can request correction of any details which I consider incorrect.
- 6) This authority and the powers of appointment shall continue in full force until expressly revoked by me in writing and received by the NZ Dairy Workers Union or until I terminate in writing my membership of the Union as may be applicable.

MEMBERS SIGNATURE _____ DATE / /

Notification of Temporary / Part Time Worker (Employer to complete)

Term From / / To / /

Department Signature of Employer

Please return completed form to:

NATIONAL OFFICE NZ Dairy Workers Union Inc
PO Box 9046, Hamilton, Phone 07 839 0239

1st Page Union Copy - White
2nd Page Company Copy - Blue
3rd Page Member Copy - Yellow