Join us

Complete the application form,
+ Scan to **membership@aeusa.asn.au**
+ Post to **163 Greenhill Road, Parkside SA 5063**
+ Register online at **aeusa.asn.au/join**

AEU MEMBERSHIP APPLICATION

Personal Details

Title: | Surname:

Given Names:

Postal Address:

Postcode:

Home Address:

Postcode:

Gender: Female ☐ Male ☐ Other ☐ .....

Date of Birth: / / | Home Phone:

Mobile:

Email:

☐ Tick here if you are of Australian Aboriginal or Torres Strait Islander descent and wish to be identified as such on our records.

The AEU Journal is available online at: www.aeusa.asn.au

☐ Tick here if you prefer to receive a printed copy.

Employment Details

Employee Identity No.

Workplace:

Campus/work group:
(if applicable)

Teaching Classification

Salary step: | Fraction of Time:

☐ Permanent ☐ TRT ☐ HPI

☐ Contract ☐ Unemployed

Ancillary Classification

☐ SSO (Permanent) ☐ AEW (Permanent) ☐ ECW (Permanent)

☐ SSO (Contract) ☐ AEW (Contract) ☐ ECW (Contract)

☐ Aquatics/Swimming Instructor ☐ Unemployed

Level: | Step: | Hours/week Permanent: | Hours/week Contract:

If on contract, please state dates:

Annual salary: $

I hereby apply for membership of the Australian Education Union and agree to abide by the Rules of the union. I agree to pay fees owing in accordance with the union's schedule of subscriptions. Member information is collected and held by the AEU only for the purpose of achieving the objectives of the union and providing services and benefits to members. I agree to the union disclosing personal information to other organisations in accordance with the AEU's Privacy Policy. I understand that the union's rules require me to give written notice of resignation.

Please note that assistance, legal or otherwise, cannot be provided for issues that occurred prior to becoming a member of the AEU SA Branch.

Date of Application: / /

Payment Options (please select an option)

Option 1: Direct Debit Payment

The amount drawn from your account each fortnight is based on your employment details and membership subscription rates as set by AEU Branch Council and published on the AEU Website. The amount will vary when new subscription rates are set or your salary changes. If you are unsure of the amount payable or the date deductions are drawn, please contact us.

Direct Debit Request

I request and authorise Fat Zebra ACN 154 014 785, APCA User ID Number 502574 to arrange, through its own financial institution, a debit to the nominated account below any amount the Australian Education Union SA Branch has deemed payable.

The Schedule

Bank:

BSB: (Bank/State/Branch No.) ☐☐☐ – ☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐

Account Name:

By signing this Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements set out in this Request and in your Direct Debit Request Service Agreement.

Signature(s):

Option 2: Credit Card Payment

☐ Monthly Automatic Credit Card*

☐ Quarterly Automatic Credit Card*

☐ Half Yearly Automatic Credit Card*

*I authorise the Australian Education Union to make automatic deductions of my AEU subscription from my credit card until further notice.

As payment of my AEU subscription please debit my:

☐ Visa ☐ Mastercard

Cardholder's name:

Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Card expiry date: / | Amount: $

Cardholder's signature:

Option 3: Cheque

I enclose Cheque for: $

In future please bill me: ☐ quarterly ☐ half yearly ☐ annually

As an AEU (SA Branch) member, you're eligible to join Teachers Health. With your consent, we'll share your contact information with Teachers Health so they can get in touch with you. Tick below if you're happy for this to occur.

☐ Yes, I'm happy for Teachers Health to contact me

AEU Australian Education Union SA Branch

Authorised by Matthew Cherry, Branch Secretary, Australian Education Union (SA Branch), Kaurna Country, 163 Greenhill Road, Parkside SA 5063.