Membership Application

This application form may also be completed online https://www.ppta.org.nz/

Are you a:

☐ teacher joining for the first time; or
☐ teacher (former member) re-joining.

First name(s) Surname

Known as name *(if different from above)*

M.O.E number on pay slip*

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

Home address: No. and Street

Suburb Town/City Post Code

Cell phone (or home)

Email (personal) Email (school)

☐ 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.

☐ I wish to become an honorary member and agree to be invoiced for my membership fee at the rate of $50.00 per annum.

☐ I am a school principal.

Additional information

Gender

☐ Female ☐ Male ☐ Gender Diverse ☐ Another Gender

☐ Please register me on the PPTA's Māori electoral roll

☐ Please register me on the PPTA's Pasifika electoral roll

Sign up for networks and interest groups

☐ Rainbow network ☐ Māori ☐ Principals ☐ Network of establishing teachers

☐ Women's network ☐ Pasifika ☐ AP/DP Network ☐ Itinerant teachers of music

☐ Neurodivergent network ☐ Full member and Adult and Community Education

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).

Fold 1

PPTA Te Wehengarua
FREEPOST 103122
PO Box 2119
Wellington 6140

Fold 2

Seal here