

# Membership Application

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](http://www.ppta.org.nz). For more information call toll free 0800 630 400.

Given name(s) ..... Family name .....

Preferred name (if different from above) .....

M.O.E. number on payslip\* .....

Home address: Street .....

Suburb ..... Town/City .....

Home Phone .....

Cellphone .....

Email (school) ..... (personal) .....

School(s)\*\* .....

\*If not yet started please state your appointment date .....

I have previously been a member of PPTA.

\*\* 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 me membership fee at the rate of \$50.00 per annum.

## Additional information

I identify my gender as:

Male  Female  Gender diverse

- I wish to be on the PPTA's Māori electoral roll
- I wish to be on the PPTA's Pasifika electoral roll

## Sign up for networks and interest groups

- Rainbow network
- Network of establishing teachers (members in their first ten years of teaching)
- Women's network
- Principals
- Deputy/assistant principals
- Itinerant teachers of music

## 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 all information necessary, including my MOE number. 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.

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](mailto:membership@ppta.org.nz) or fold, seal and return (no stamp required).

|                      |   |               |                      |
|----------------------|---|---------------|----------------------|
| OFFICE USE           |   |               |                      |
| Processed date ..... | Payroll notification <input type="checkbox"/> | Card No ..... | Date financial ..... |