



Offices throughout South Island

**NORTHERN REGION - SOUTH ISLAND**

PO Box 1099 CHCH 8140  
Phone 03 066 0519  
Freephone 0508 11 22 11

**SOUTHERN REGION - SOUTH ISLAND**

PO Box 5081 Dunedin 5081  
Phone 03 455 4823  
Freephone 0508 11 22 11

**AMALGAMATED WORKERS UNION**

**New Zealand | Southern Division**

Incorporating **TMF Holdings**

**MEMBERSHIP & AUTHORITY TO REPRESENT**

*Important: This application form is for AWUNZ Southern Division Union Membership only. (ie. South Island Organizations only) North Island Organizations or employees please contact AWUNZ Northern or AWUNZ Central)*

*For Office Use Only*  
**WORK PLACE**   
**MEMBER NUMBER**

TITLE (Please circle) MR / MRS / MISS / MS \_\_\_\_\_

SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MALE / FEMALE / OTHER (Please circle)

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOBILE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ BRANCH / DIVISION: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

JOB CLASSIFICATION / INDUSTRY: \_\_\_\_\_

EMPLOYEE NUMBER: (Required if known) \_\_\_\_\_

FULL-TIME: Y / N      PART-TIME: Y / N      TEMPORARY: Y / N      CASUAL: Y / N

AVERAGE WEEKLY HOURS WORKED: \_\_\_\_\_

**PAYMENT OPTIONS (Please indicate your preferred method of payment)**  
I authorise my employer to deduct Union fees from my wages (Recommended)   
I would like to discuss other payment options   
*(NB. If this option is selected, we will communicate with you about the details of setting up a regular automatic payment from your bank account.)*

I would like an AWUNZ representative to contact me: Y / N (Please circle)  
I would like a TMF representative to contact me about Union benefits: Y / N (Please circle)

*I have read and understood the Terms and Conditions of AWUNZ Membership.*

*Please check your application form is completed clearly and all options are selected before submitting. Incomplete or illegible forms will delay the commencement of membership. Thank you!*

**APPLICANT SIGNATURE:** \_\_\_\_\_

**WITNESS FULL NAME:** \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



## MEMBERSHIP & AUTHORITY TO REPRESENT

# Terms & Conditions

1. I apply to become/wish to remain a member of the Amalgamated Workers Union, New Zealand Inc, Southern Division (“the Union”).
2. I authorise the Amalgamated Workers Union New Zealand Inc, Southern Division, and its officials or any person or organisation to whom it may at its absolute discretion delegate this authority the right to represent me in any negotiations and take any lawful action on my behalf pursuant to section 236 of the Employment Relations Act, relating to any Employment Agreement applicable, or intended to be applicable to me, and otherwise in relation to my employment or future employment.
3. I appoint the Amalgamated Workers Union New Zealand Inc, Southern Division as my lawful attorney to sign on my behalf any further authority in terms of Clause 2 above should the need arise due to any circumstances whatsoever.
4. I appoint the Amalgamated Workers Union New Zealand Inc, Southern Division to be my lawful attorney to determine on my behalf at any time the ratification procedures for any settlement of negotiations Employment Agreement in which the Amalgamated Workers Union, New Zealand Inc, Southern Division acted as my authorised agent pursuant to Clause 2 above.
5. I agree to pay the sum as notified from time to time by the Secretary of the Union being the portion of the fee payable to the Union and the Amalgamated Workers Union New Zealand Inc, Southern Division. I acknowledge and accept that the sum payable annually by me as notified by the Secretary shall be apportioned by the Secretary in such a way as the Secretary shall in his/her absolute discretion determine and pay to the Union and the Amalgamated Workers Union, New Zealand Inc, Southern Division and shall be collectively known as union fees.
6. This authority and the powers of appointment shall continue in full force until expressly revoked by me in writing and received by the Amalgamated Workers Union New Zealand Inc, Southern Division or until I terminate in writing my membership of the union as may be applicable. By signing this authorisation form.
7. I authorise the Amalgamated Workers Union New Zealand Inc, Southern Division in terms of s. 45(c) of the Privacy Act 1993 to have, at any time during my employment with the employer or in relation to any legal proceedings concerning me and the employer, access to personal information about me, including time and wages records requested under section 130 of the Employment Relations Act, held by the employer. I further authorise the Amalgamated Workers Union New Zealand Inc, Southern Division to act for me in any complaint initiated by me under part VIII of the Privacy Act.

I hereby revoke any previous bargaining authority and/or membership of an employee organisation or bargaining agent.