

IEU(SA) FEE SCHEDULE – 1 FEBRUARY 2010

Fee Category	B	C	D	E	F	G	H	I	J	K	L	M
Gross Annual Salary (Before Sal. Sacrifice)	Less than \$20,000 pa	\$20,001 - \$25,000 pa	\$25,001 - \$30,000 pa	\$30,001 - \$35,000 pa	\$35,001 - \$40,000 pa	\$40,001 - \$45,000 pa	\$45,001 - \$50,000 pa	\$50,001 - \$55,000 pa	\$55,001 - \$60,000 pa	\$60,001 - \$65,000pa	\$65,001 - \$70,000 pa	\$70,001 pa and above
Yearly	\$165.00	\$210.00	\$255.00	\$300.00	\$345.00	\$390.00	\$435.00	\$480.00	\$525.00	\$570.00	\$615.00	\$660.00
Half Yearly	\$82.50	\$105.00	\$127.50	\$150.00	\$172.50	\$195.00	\$217.50	\$240.00	\$262.50	\$285.00	\$307.50	\$330.00
Monthly Direct Debit	\$13.75	\$17.50	\$21.25	\$25.00	\$28.75	\$32.50	\$36.25	\$40.00	\$43.75	\$47.50	\$51.25	\$55.00

LWOP /Maternity & Paternity Leave (unpaid portion) / Unemployed: \$10 p/mth or \$120.00 pa. Retired: \$50 pa
New Graduate: Half price membership subscription for first year after graduation

Delivery Address:
213 Currie Street
ADELAIDE SA 5000

No stamp required
if posted in Australia



Independent Education Union (SA)
Reply Paid 64118
ADELAIDE SA 5000

IEU(SA) Member Application



FAX NO: (08) 8410 0282

Personal Details

Title: Mr, Ms, Mrs, Miss, Other:

Given Names(s):

Surname:

Male Female

Home Address:

.....

Suburb/Town:

Postcode:

Phone Home:

Mobile:

Date of Birth:

Do you identify as Aboriginal/Torres Straight Islander? Y / N

Email:

School:

School Suburb/Town:

Campus (if applicable)

I hereby apply for membership of the Independent Education Union (SA) Inc and the associated federal Independent Education Union (SA) Branch and agree to abide by the rules of these organisations and pay the appropriate fees.

I acknowledge that no assistance will be provided on issues which predate my membership.

Signature:

Date:

Membership Details

1. Category _____ (B-M) (See over)

OR Leave / Unemployed (See Over)

2. Time Fraction (e.g. 0.6)

Step/ Grade Level:

3. Employment Category (please tick):

<u>TEACHER</u>	<u>ESO</u>
<input type="checkbox"/> Teacher/Educator	<input type="checkbox"/> ESO
<input type="checkbox"/> Principal/Deputy	
<input type="checkbox"/> Pre-School	Are you in: <input type="checkbox"/> Grds/ Maintnce <input type="checkbox"/> OSHC/Early Learning Centre <input type="checkbox"/> Boarding House <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Junior Primary	
<input type="checkbox"/> Primary	
<input type="checkbox"/> Middle	
<input type="checkbox"/> Secondary	
<input type="checkbox"/> Post Secondary	
<input type="checkbox"/> 1 st Year Graduate	
Date of 1 st apmtmt:	
.....	
<input type="checkbox"/> Final Year Student	

Other (specify)

4. PREFERRED PAYMENT:

- Direct Debit – Monthly from your nominated bank account. **Complete Direct Debit Payment Request Form on adjacent panel.**
- Yearly Payments (1 February). **An invoice will be posted to you for payment.**
- ½ Yearly Payments (1 February & 1 August). **An invoice will be posted to you for payment.**

Direct Debit Payment Request

By signing this document, I/We authorise The Independent Education Union of South Australia (IEUSA), ABN 37 581 749 503, the Debit User, (No. 077399), to debit my/our account, detailed in the Schedule below, through the Direct Debit System, with any amount I/We must pay you when due under the arrangement between us.

This authority is to remain in force until further notice.

Signature

Member Name:

Date ____/____/____

THE SCHEDULE

Financial Institution Name:

.....

Financial Institution Address:

.....

.....

.....

Account Title:

.....

BSB Number : _ _ _ - _ _ _

Account Number

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

(16 digit Credit Card number cannot be used)



Ph: 8410 0122 Fax: 8410 0282
Country: 1800 634 815
www.ieusa.org.au