

IEU(SA) FEE SCHEDULE – 1 FEBRUARY 2011

Fee Category	B	C	D	E	F	G	H	I	J	K	L	M	N
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 - \$75,000 pa	\$75,001 pa and above
Yearly	\$175.00	\$220.00	\$265.00	\$310.00	\$355.00	\$400.00	\$445.00	\$490.00	\$535.00	\$580.00	\$625.00	\$670.00	\$715.00
Half Yearly	\$87.50	\$110.00	\$132.50	\$155.00	\$177.50	\$200.00	\$222.50	\$245.00	\$267.50	\$290.00	\$312.50	\$335.00	\$357.50
Monthly Direct Debit	\$14.60	\$18.35	\$22.10	\$25.85	\$29.60	\$33.35	\$37.50	\$40.85	\$44.60	\$48.35	\$52.10	\$55.85	\$59.60

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) 2011 Member Application



Personal Details

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

Given Name(s):

Surname:

Male **Female** **D.O.B:** ___/___/___

Home Address:

Suburb/Town:

Postcode:

Phone Home:

Mobile:

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 as varied from time to time.

I acknowledge that no assistance will be provided on issues which predate my financial membership. The full monthly membership fee will be charged on receipt of completed form to confirm membership then every month thereafter.

Signature:

Date:

Office Use Only.

Member no: _____
 Benefits Team: YES NO
 Conditions:

Membership Details

- Category** _____ (B-N) (See over)
OR Leave / Unemployed (See Over)
 - Time Fraction (e.g. 0.6)**
 - Subject**
- TE Step/ ESO Grade Level:**
- 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 apmt:	
<input type="checkbox"/> Final Year Student	

4. PREFERRED PAYMENT – complete A or B

A Monthly Credit Card Debit Request

Type (circle): **VISA** **MasterCard**

Please debit the card below on an ongoing monthly basis until further notice, with the appropriate IEU(SA) membership fee as adjusted from time to time.

Card No:

Expiry Date: ___/___

Other Payment Frequency (circle): Half Yearly Yearly One-off Yearly

Name on card:

Card Holders Signature: _____ **Date Signed:** _____

B Monthly Direct Debit Request

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 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 ___/___/___

Bank Account Details

Financial Institution Name: _____

Financial Institution Address: _____

Account Title: _____

BSB Number : _ _ _ - _ _ _

Account Number:
 (up to 9 digit account number only)

Ph: 8410 0122
 Fax: 8410 028
 Country: 1800 634 815
www.ieusa.org.au

