

The Staff Association

Membership Application

Please print name:

Position:

Male **Female**

Department/Branch:

Please select one:

AA Insurance

AA Life

Asteron

Suncorp NZ

Vero

Date joined the Company:

Please select one:

A-Band role: will be covered by Staff Association Collective Agreement

B-Band role: will continue to be covered by Individual Employment Agreement

Signature of this form is also acceptance of the Staff Association as my Bargaining Agent.

Signature:

Date:

I will pay:

Salary Deduction \$4.00 – per fortnight

[If deductions do not start within 14 days, please contact us]

Complete, scan and email this form to:

staffassn@suncorp.co.nz (cc Morgan_Benson@aainsurance.co.nz)

Mark Private & Confidential

Suggestions:

