

The Staff Association

Membership Application

Please print name: _____

Position: _____ Male / Female

Department/Branch: _____

Please circle one: **AA Insurance** **AA Life** **Asteron** **Suncorp NZ** **Vero**

Date joined the Company: _____

Please circle 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 rebecca_thorley@vero.co.nz)

Mark Private & Confidential

Suggestions:

