

## Membership Application

Please print name: \_\_\_\_\_

Position: \_\_\_\_\_ Male / Female

Department/Branch: \_\_\_\_\_

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

Date joined the Company: \_\_\_\_\_

Please circle those applicable:      Banded role      non-Banded role  
Collective Employment Agreement      Individual Contract

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I will pay:      Salary Deduction \$1.00 – per fortnight  
[If deductions do not start within 14 days, please contact us]

**Complete and return this form in the internal mail to:**

Rebecca Thorley, Vero Takapuna Branch, Level 2, 12-14 Northcroft St, Takapuna, Auckland

**Mark Private & Confidential**

### Suggestions:

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\_\_\_\_\_  
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