

ISTANZ Membership Application

[for new members]

Title: Initials:

Surname:

First Name[s]:

School:

[preferred] email address

Please tick:

Full-time Membership

Teaching: \$280.00 [\$10.80 fortnightly, \$23.35 monthly]

Support Staff: \$205.00 [\$7.90 fortnightly, \$17.10 monthly]

Part-time Membership

Teaching: \$140.00 [\$5.40 fortnightly, \$11.70 monthly]

Support Staff: \$102.50 [\$3.95 fortnightly, \$8.55 monthly]

Honorary Membership \$30.00 [\$2.50 monthly]

1 Payment Options:

- **Debit from salary**
[preferred option, please complete section 3]
- **Full payment by cheque to:**
ISTANZ and post to the Administrator
[see details below]
- **Automatic payments [monthly] from your bank account.** Please contact the Administrator [see details below]

Part-time Membership

Part-time Membership is for those staff working for 50% [or less] of a full-time position.

2 ISTANZ Benefits:

I wish to access benefits available to ISTANZ members **YES / NO** [Please cross out one]
[I understand that my name and school address will be forwarded to the providers.]

3 Authority to Business Manager: [for Debit from Salary option]

I,

authorise the deduction of my annual subscription to **ISTANZ** from my salary

\$280.00 \$140.00 [Teaching] \$205.00 \$102.50 [Support Staff]

Signed:

Date:

**Please forward this completed form to Freepost ISTANZ,
Independent Schools Teachers' Association, P O Box 95-143,
Swanson, Waitakere City 0653. [no stamp required]**

Contact details: ph [09] 833.9796, fax [09] 833.9800,

Mob 021.778.713, email: jedbrook@clear.net.nz