



**New Zealand Meat Workers & Related Trades Union Inc.**  
**(Aotearoa Branch)**

**AUTHORITY TO DEDUCT MEMBERSHIP FEE**

Copy to Union

**EMPLOYEE DETAILS**

Name: *First* *Middle* *Family*

Current Address:

Suburb: City: Post Code:

Mobile Phone: Home Phone: Email:

Employed by Meat Company | Meat Plant:

I \_\_\_\_\_ HEREBY,

(i) Apply for/or confirm my membership with the New Zealand Meat Workers and Related Trades Union Incorporated.

(ii) Accept the rights and obligations of membership as set out in the rules of the New Zealand Meat Workers and Related Trades Union Incorporated.

(iii) Authorize and request \_\_\_\_\_, in accordance with the WAGES PROTECTION ACT 1983, to deduct from my wages, the subscription payable to the Union, presently **\$5.95 per week**, and pay it to the Union:

**New Zealand Meat Workers and Related Trades Union Incorporated, Aotearoa Branch**  
**Direct Credit to Union's bank account: Westpac Banking Corporation, Penrose Branch, Auckland**  
**Bank Account No: 03 0243 0214054 00**

(iv) Authorise, in accordance with ss 18 and 236 of the EMPLOYMENT RELATIONS ACT 2000, the New Zealand Meat Workers and Related Trades Union Incorporated to act as my representative in all matters relating to the negotiation and enforcement of my terms and conditions of employment.

(v) Advise that as from the date of signature shown below, this authority replaces and supersedes any previous authority I have given.

(vi) **This authority can be revoked only by notice in writing, signed by me, on receipt by the Union**, at P O Box 17 056, Greenlane, Auckland 1546.

**Signature:**

**Dated:**

**New Zealand Meat Workers & Related Trades Union Inc. (Aotearoa Branch)**

P.O. Box: 17 056, Greenlane, Auckland 1546, New Zealand

Phone: 0800 877 277 | +64 9 520 0035 | Fax: +64 9 523 1286  
 www.meatunion.org.nz | Email: admin@meatunion.org.nz

Form 001

**Form Filling Instructions**  
**AUTHORITY TO DEDUCT MEMBERSHIP FEE (001)**  
**PLEASE PRINT CLEARLY**

This form must be completed by a new member to authorise the union to deduct membership fee.

This form not only confirms their membership to the NZMW Union, it also authorizes union subscription to be paid to the union by their employer.

The majority of the union members may never make future contact with the union; it is MOST important that this form must have correct information.

**Print Clearly & Send Promptly.**

**Action:**

Send a copy to the NZMW Union office in Auckland

Keep a copy for your records (Shed Officials)

Send original form to the employer for payment of Union Fee.

**Form Check List.** *Please follow the serial numbers with each blank on the form*

1. Your First Name , Middle Name, Last Name (Family Name)
2. Your Full Address; House Number, Street Name, Suburb, City and Post Code
3. Your Phones; Mobile, Home and email address
4. Your Employer, Meat Company & Meat Plant
5. Insert your Name ( I \_\_\_\_\_ hereby )
6. Insert your Employer Name ( Authorise and request\_\_\_\_\_, in accordance)
7. Your Signatures
8. Dated when Signed