



MERAS membership provides employment representation and is open to employed midwives who are members of the New Zealand College of Midwives.

YOUR PERSONAL DETAILS

(Please answer all these questions if applicable to you)

SURNAME		YOUR ADDRESS:	
FIRST NAME(S)		Number/Street:	
PREFERRED NAME		Suburb/City:	
HOME PHONE NUMBER	(0)	Postcode:	
MOBILE NUMBER	(02)	WORK PHONE NUMBER	(0)
E-MAIL ADDRESS		PAGER NUMBER	
NAME OF DHB/EMPLOYER OR PLACE OF STUDY		DATE OF BIRTH:	/ / 19
EMPLOYER DETAILS		ARE YOU A MEMBER OF NZNO?	YES/NO

MERAS MEMBERSHIP SUBSCRIPTION RATES

PLEASE TICK (✓) THE categories that apply to you.

ARE YOU A MEMBER OF NZCOM? Please note your membership will only be accepted if you are a member or joining concurrently.	YES/NO	Membership No:	
MERAS MEMBERSHIP	Annual Sub	Fortnightly Payment	Monthly Payment
<input type="checkbox"/> Full time employed	<input type="checkbox"/> \$290.94	<input type="checkbox"/> \$11.19	<input type="checkbox"/> \$24.25
<input type="checkbox"/> Low income employed (Rate includes discount mentioned in note 1 below)	<input type="checkbox"/> \$145.60	<input type="checkbox"/> \$5.60	<input type="checkbox"/> \$12.13

Please indicate your employment status

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Part time | <input type="checkbox"/> Casual | |
| <input type="checkbox"/> Core Midwife | <input type="checkbox"/> Caseloading Midwife | <input type="checkbox"/> Midwifery Educator | <input type="checkbox"/> Midwifery Manager |

Note:

1. If total gross earnings for your last financial year were under \$25,000, you may be eligible for a 50% reduction in your subscription fees of MERAS. You must first contact membership administration to see if this is available to you. This needs to be reviewed annually upon renewal of your membership to MERAS. A copy of your earnings will be required for our records.
2. Please let MERAS know if you change your postal address, name, position or worksite.

Methods for you to pay your subscription.

Please indicate your choice with a tick (✓)

- Deductions.** Fortnightly from your pay. Please complete the attached authority below.
- Cheque.** (Enclosed) Please send the correct annual fee. Fulltime is **\$ 290.94.** Invoiced annually.
- AUTOMATIC PAYMENT FROM BANK** Fortnightly **\$11.19.** Monthly **\$24.25-** to start from -----/-----
-/-----
- Credit Card. \$ 290.94.** Fill in the following:

My credit card details are:

Indicate type of credit card with a tick (✓)		VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Amount to pay: Annual Subscription \$ 290.94		Card Number:	
Expiry Date: / /		Cardholders name:	
Cardholders signature:		Date: / /	

If you need assistance or information, please contact: MERAS

- General enquiries and Administration: *Phone 03 353-1166,*
- E-mail: meras@meras.co.nz, *merasmembership@meras.co.nz*
- Fax: *03 377-5662*
- Website: *www.midwife.org.nz/index.cfm/meras*

MERAS OFFICE RECORDS

NZCOM Membership Number	Receipt Number	Cheque Number	Banked

Authority to Deduct MERAS Subscription from Salary/Wages

Full name of Applicant			
Name of Employer			
Employee Number		NZCOM Membership Number	
The MERAS subscription per fortnight to be deducted from my salary/wages is \$11.19			
Any change in the amount of the subscription will be advised by MERAS.			
I authorise my employer to deduct the up-to-date MERAS fees from my salary/wages and to use the information provided on this membership form to facilitate payment of this amount (including forwarding details relating to my membership fee) to the credit of the Midwifery Employee Representation and Advisory Service (INC).			
BANK: ASB		BRANCH: Armagh Street	ACCOUNT NO:12-3191-0008948-00
This authority remains in force until cancelled in writing.			
Signature: _____		Date: _____/_____/_____	

Authority for MERAS to act as my representative

I agree to abide by the rules of MERAS and pay to MERAS the appropriate subscription fee set from time to time by MERAS according to its rules. Without limiting the scope of this authority I authorise MERAS to:

(a) act as my representative in all matters relating to the negotiation and enforcement of my employment agreement and revoke any other bargaining authority held by any other union (b) to receive from my employer personal information about me held by my employer and to which I have lawful right of access by virtue of the Privacy Act or otherwise. I understand that MERAS reserves the right to make decisions concerning the level of representation to be provided on employment issues.

Name: _____ Signature: _____ Date: _____/_____/_____

Please send the whole completed form to:

MERAS Membership Administration P.O. Box 21-106 Christchurch