

Membership Application / Renewal

Current from 1 March 2024



Prefer to join or renew online?
Scan this QR code with your smart device

IEU-QNT
ABN 74 662 601 045
PO BOX 418 FORTITUDE VALLEY QLD 4006
Ph: (07) 3839 7020 | Freecall: 1800 177 938
members@ieuqnt.org.au | www.ieuqnt.org.au

Membership Number

PERSONAL DETAILS

Title _____ Family Name _____ Given Names _____
Postal Address _____
_____ Postcode _____ Date of Birth _____ Gender _____
Home Phone _____ Mobile Phone _____ Preferred Phone Home Mobile
Personal Email _____ Work Email _____ Preferred Email Personal Work
Employed at _____ Suburb of School _____

Pre-existing industrial issues disclaimer: Industrial services and legal representation are not offered if matters arose prior to joining our union or reinstating as a financial member. In this instance, only general advice is offered. Full disclaimer at www.ieuqnt.org.au/disclaimer

I hereby apply for membership of / renewal of membership of the Independent Education Union - Queensland and Northern Territory Branch (ABN 74 662 601 045).
I hereby apply, if eligible, for membership of / renewal of membership of the Queensland Independent Education Union of Employees (ABN 45 620 218 712).
I hereby appoint Independent Education Union - Queensland and Northern Territory Branch as my agent and I authorise Independent Education Union - Queensland and Northern Territory Branch to represent me in any industrial matter or dispute. This authority to represent me may be withdrawn by written request.
Any requests for refunds are at the discretion of the Branch Secretary. A minimum equivalent of six weeks of membership fees is non-refundable.

Signature _____ Date _____

Do you wish to be recorded as being a First Nations person? Yes
Do you wish to be recorded as LGBTIQ+? Yes
Do you wish to receive information about our private health insurance partner, TUH Health Fund? Yes

OCCUPATION

- | | | |
|--|--|---|
| <input type="checkbox"/> Teacher/Instructor/Tutor | <input type="checkbox"/> Middle Leader/PAR/POR | <input type="checkbox"/> Graduate Teacher |
| <input type="checkbox"/> School Officer | <input type="checkbox"/> Services Staff | <input type="checkbox"/> Early Childhood Teacher/Director |
| <input type="checkbox"/> Early Childhood Assistant | <input type="checkbox"/> School Counsellor | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Deputy Principal | <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> ELICOS Teacher |
| <input type="checkbox"/> VET Teacher | <input type="checkbox"/> Trainer and Assessor | <input type="checkbox"/> Retired (not working) |
- Other _____

CLASSIFICATION

Classification (including positions of added responsibility) _____
e.g. Step 6, Proficient 5, Level 2 Step 3, Grade 2 Year 1, Middle Leader Tier 2.2

What year did you start working in the education sector?

Fortnightly income before tax and salary sacrifice _____

EMPLOYMENT INFORMATION

- | | |
|--|---|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Contract/Fixed-Term _____ hrs p/wk |
| <input type="checkbox"/> Part Time _____ hrs p/wk | <input type="checkbox"/> Job Share _____ hrs p/wk |
| <input type="checkbox"/> Term Time _____ hrs p/wk _____ weeks p/year | <input type="checkbox"/> Casual _____ hrs p/wk |

LEAVE

- | | |
|---|---|
| <input type="checkbox"/> Long Service Leave | Leave Dates _____/_____/____ - _____/_____/____ |
| <input type="checkbox"/> Parental Leave | Component that is paid leave _____/_____/____ - _____/_____/____ |
| <input type="checkbox"/> Leave Without Pay | |
| <input type="checkbox"/> Other _____ | Half or Full paid leave <input type="checkbox"/> Half <input type="checkbox"/> Full |

SECTION A - DIRECT DEBIT AUTHORITY

I / We request that you, the IEUA-QNT, User ID No. 084413 arrange for my membership fees to be deducted from the account listed below. **This authority will remain in force and fees will be deducted from year to year until I advise otherwise in writing.** The amount deducted may change from year to year based on my classification and the fee schedule.

Name _____

Bank and Branch _____

BSB -

Account

Branch Address _____

Signature _____ Other Signatory _____ Date _____
(if joint account)

Fortnightly Periodical Payments
Processed on the Friday of your pay week

Next Pay date _____

Monthly Periodical Payments
20th of each month or the next working day



SECTION B - CREDIT CARD AUTHORITY

I / We request that you, the IEUA-QNT, arrange for my membership fees to be deducted from the credit card below. **For periodical payments this authority will remain in force and fees will be deducted from year to year until I advise otherwise in writing.** The amount deducted may change from year to year based on my classification and the fee schedule.

- - -

Visa Card MasterCard Expiry /

CVV/CVC

Cardholder's Name _____

Signature _____

Date _____

Monthly Periodical Payments
15th of each month or the next working day

Quarterly Periodical Payments
1st working day of January, April, July and October
A pro rata payment will be deducted upon receipt of your form

Half Yearly Periodical Payments
1st working day of January and July
A pro rata payment will be deducted upon receipt of your form

2024 SCHEDULE OF FEES (please tick relevant box)

Gross Annual Income	Direct Debit Fortnightly	Direct Debit Monthly	Credit Card Monthly	Credit Card Quarterly	Credit Card Half Yearly
\$20,000 or less	\$8.45	\$18.30	\$19.25	\$57.75	\$115.50
\$20,001 - \$30,000	\$11.50	\$24.95	\$26.25	\$78.75	\$157.50
\$30,001 - \$40,000	\$17.30	\$37.55	\$39.50	\$118.50	\$237.00
\$40,001 - \$50,000	\$23.05	\$49.95	\$52.60	\$157.75	\$315.50
\$50,001 - \$60,000	\$26.60	\$57.65	\$60.65	\$182.00	\$364.00
\$60,001 - \$70,000	\$31.95	\$69.20	\$72.85	\$218.50	\$437.00
\$70,001 - \$80,000	\$35.10	\$76.10	\$80.10	\$240.25	\$480.50
\$80,001 - \$90,000	\$37.20	\$80.60	\$84.85	\$254.50	\$509.00
\$90,001 and above	\$38.70	\$83.85	\$88.25	\$264.75	\$529.50
Special Fee Categories					
1 st year Graduate Teacher	\$26.60	\$57.65	\$60.65	\$182.00	\$364.00
Casual/Supply	\$8.45	\$18.30	\$19.25	\$57.75	\$115.50
Leave Without Pay/No employment/Retired	\$4.10	\$8.85	\$9.35	\$28.00	\$56.00

All membership information will be sent to you electronically: If you would prefer to receive this information via post, please notify by email members@ieuqnt.org.au or phone FREECALL 1800 177 938 (QLD) or 1800 351 996 (NT).

Calculation of your fees will be based on your 2024 classification and employment status. Your fee is based on pre salary packaging arrangements. All membership fees are inclusive of GST. This document becomes a Tax Invoice / Receipt upon payment.

Office Use Only

Amount: _____ Schedule _____ M'ship Officer: _____ Date ____/____/____ Recruited by _____