

TO: IAG NZ Staff Association Incorporated. (IAGSA)
AND: IAG New Zealand Limited (IAG)

I wish to join the IAG NZ Staff Association Incorporated (IAGSA) and agree to abide by the rules of the IAG NZ Staff Association Incorporated.

I hereby appoint the IAG NZ Staff Association Incorporated as my Bargaining Agent.

I authorize my employer to deduct my subscription from my pay until further notice, commencing at the next pay date.

Your Name:

Title: Mr/Miss/Ms/Mrs:

SI NUMBER:

JOB TITLE:

BUSINESS UNIT/DIVISION/DEPARTMENT:

WORK STREET ADDRESS:

CITY/TOWN:

IAG NZ EMAIL ADDRESS:

DATE COMMENCED EMPLOYMENT WITH IAG:

If you are completing this Application Form online and are unable to sign the application, please attach it to an email which has your IAG email details on - this will then be deemed a signature to the document, however the document must be dated.

**NOTE: If you wish to cease to be a member you must give 14 days' notice
in writing to the IAG NZ Staff Association Inc.**

SIGNATURE:

DATE:

This Membership Application form can be completed, scanned and emailed to the IAGSA Inc. at office@iagsa.co.nz

or forwarded to:

**Kay McIntyre
Executive Manager
IAGSA Inc.
64 Te Mata Road
Havelock North 4130**

FOR IAGSA USE ONLY:

Date Received:

Entered on IAGSA Membership Register	Yes/No	Email confirmation to New Member	Yes/No
--------------------------------------	--------	----------------------------------	--------

Notify IAGSA Representative	Yes/No
-----------------------------	--------

Forward to Payroll & People Services, IAG	Yes/No	Date:	Time:
---	--------	-------	-------

Application Accepted by IAGSA Inc. Executive Manager: