



Midwifery Employee
Representation & Advisory Service

**MERAS membership is open to employed midwives and student midwives
who are members of the New Zealand College of Midwives**

Your personal details

(please answer all questions)

Surname: _____ First names: _____

Preferred name: _____ Date of birth: _____

Address: _____

Home phone number: _____ Mobile: _____

Email: _____

Employment status

(please tick all that apply)

DHB employed midwife	<input type="checkbox"/>	Non-DHB employed midwife	<input type="checkbox"/>	Research sector	<input type="checkbox"/>
Tertiary sector	<input type="checkbox"/>	Student midwife	<input type="checkbox"/>	Other	<input type="checkbox"/>

Place of work or education:

(name of maternity unit, DHB or institution)

Are you a member of another union? (Please circle) Yes No

If yes please state: _____

Do you hold a current Registered Nurse APC? (Please circle) Yes No

Are you a current member of the New Zealand College of Midwives? Yes No

(If not you will need to join New Zealand College of Midwives concurrently, please visit www.midwife.org.nz)

MERAS membership fees (please circle category that applies)

MERAS membership category	Annual sub	Monthly payment	Fortnightly payment
Membership fee	\$320.00	\$26.67	\$12.31
Low income membership fee. If your gross income as an employed midwife last financial year was under \$30,000 you may be eligible for a 50% reduction in your subscription. Contact membership administration to see if this is available to you.	\$160.00	\$13.34	\$6.16
Graduate midwife enrolled in MFYP	\$160.00	\$13.34	\$6.16
Student midwife	Free	Free	Free

Method of payment

(please indicate your choice with a tick)

- Deductions** fortnightly from your pay. Please complete the authority below
- Automatic payment from bank**
I have made arrangements with my bank for payments to start from date _____
Bank account details: MERAS - ASB 12-3191-0008948-00
- Credit card** (annual payments only)

Type of credit card:

- Visa
 Mastercard

Amount to pay:

- Annual membership fee: \$320.00
 Low income approved fee: \$160.00

Card number: _____

Cardholder's name: _____ Expiry date: _____

Cardholder's signature: _____ Date: _____

Authority to deduct MERAS subscription from salary/wages

(please indicate your choice with a tick)

The MERAS subscription per fortnight to be deducted from my salary/wages is:

- \$12.31 Low income approved fee: \$6.16

Full name of applicant: _____

Name of employer: _____

Employee number: _____ College membership number: _____

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 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: membership@meras.co.nz, fax: 03 377 5662 or post to MERAS Membership Administration PO Box 21-106, Edgware, Christchurch 8143