

# AMBULANCE EMPLOYEES ASSOCIATION OF SA MEMBERSHIP APPLICATION FORM



Ambulance Employees  
Association

13 Hindmarsh Place  
HINDMARSH SA 5007  
Ph: 8340 3511 Fax: 8340 2411  
[reception@aeasa.com.au](mailto:reception@aeasa.com.au)

## Authority for the deduction of Union Subscriptions

To: **The Honourable, the Treasurer of the Chief Executive  
I, the undersigned, hereby apply to become a member  
of the above Association**

### SECTION A: YOUR DETAILS

SURNAME:	GIVEN NAMES:
ADDRESS:	
SUBURB/CITY:	POSTCODE:
PHONE: (H)	MOBILE:
EMAIL:	
SAAS ID NO:	DOB:
CLASSIFICATION & PAY CLASS:	STATION:

*(Example: Paramedic / Admin) + (Example: PAR2.1 / ASO202)*

### SECTION B: AUTHORISATION OF PAYMENT / DEDUCTIONS

I hereby authorise you to pay to **THE AMBULANCE EMPLOYEES' ASSOCIATION OF SOUTH AUSTRALIA** hereinafter called "the Union" of which I am a member, **the sum of 1.36%** of the base rate per fortnight (hereinafter called "the subscription") out of any wages or salary due or becoming to me by the Government of South Australia, provided:

1. That the authorisation may be cancelled by me upon my subsequent written authority.
2. That where the rates of subscription are varied by the Union in accordance with its rules the amount of subscription may be varied by you accordingly following receipt by you of notice in writing from the Union of such variation.
3. In the event that I cease at any time to be a member of the Union I shall notify the relevant payroll section of the date from which this authorisation shall cease.

DATE:	SIGNATURE:
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### SECTION C: NOTES

1. This form must be personally signed by the employee (not by an agent). Deductions will occur only where the original of this form duly signed is forwarded to the relevant payroll section (including by fax/email).
2. Regular fortnightly or monthly deductions only to be made according to the relevant pay period.
3. Unions are to advise departments of variations in scales of rates and subscriptions prescribed by Union rules.
4. Unions are to comply with department procedures after timely advice.
5. Departments are to pay Unions fortnightly or 4 weekly and to supply a reconciliation of total subscriptions deducted where required.
6. Applications for membership will be referred to State Council for admission.
7. The Association reserves the right to apply a Service Fee for new membership applications where the applicant has a pre-existing issue requiring the Associations' services.

### SECTION D: AEA OFFICE USE ONLY

SECRETARY .....  STATE COUNCIL .....  PAYROLL .....  DATABASE .....  MAILING LIST .....  WELCOME PACK .....

**NEW AEA MEMBERSHIP DECLARATION FOR REFERRAL TO STATE COUNCIL**

to be completed by the Member and emailed to [reception@aeasa.com.au](mailto:reception@aeasa.com.au)

EMPLOYEE:

SAAS PAYROLL ID:

DATE OF COMMENCING EMPLOYMENT WITH SAAS:

DETAILS OF ANY PRE-EXISTING ISSUE REQUIRING THE ASSOCIATIONS' SERVICES:

(NB - THE ASSOCIATION RESERVES THE RIGHT TO APPLY A SERVICE FEE FOR NEW MEMBERSHIP APPLICATIONS WHERE THE APPLICANT HAS A PRE-EXISTING ISSUE REQUIRING THE ASSOCIATIONS' SERVICES)

SIGNED:

DATED:

**ADMINISTRATION / STATE COUNCIL USE ONLY:**

REFERRED TO STATE COUNCIL:

YES

NO

DATE REFERRED:

MEMBERSHIP APPROVED:

YES

NO

SERVICE FEE APPLICABLE:

YES

NO

INVOICED:

NOTES: