



CORRECTIONS ASSOCIATION OF NEW ZEALAND INCORPORATED
MEMBERSHIP, APPLICATION AND AUTHORISATION FORM

| | |
|--------------------------------|--|
| SURNAME | |
| FIRST NAME(S) | |
| EMPLOYEE NUMBER (If known) | |
| JOB TITLE | |
| DATE JOINED PRISON SERVICE | |
| PRISON EMPLOYED AT | |
| DATE OF BIRTH (day/month/year) | |
| HOME ADDRESS | |
| MOBILE PHONE | |
| PERSONAL EMAIL | |
| NEXT OF KIN | |

Your Authority and Declaration:

1. I apply to become a member of the Corrections Association of New Zealand Incorporated (CANZ).
2. Pursuant to the Wages Protection Act 1983 I authorise my employer to deduct from my fortnightly salary the CANZ subscription fee on each and every pay day immediately following the date of this signed form. The current CANZ subscription fee is **seventeen dollars (\$17.00)**. I authorise the subscription fee to be remitted to CANZ on my behalf. I also agree to accept any variations to my deductions that are made from time to time as a consequence of alterations to the subscription fee made in accordance with the rules of CANZ.
3. I irrevocably authorise and appoint CANZ, and any person or organisation to which CANZ may delegate this authority, to be my sole and exclusive agent and representative and to act for me in any matter in relation to my employment or intended employment. This includes, but is not limited to, pay, holidays, leave, personal grievances, disputes, employment relationship problems, litigation, compliance and the negotiation, agreement, settlement, execution and enforcement of any individual or collective employment agreement, or part thereof.
4. I authorise CANZ to act as my representative in the exercise of any right or power conferred under the Employment Relations Act 2000, Holidays Act 2003, Privacy Act 1993 and/or any other employment related legislation. I specifically authorise CANZ to be my representative pursuant to sections 18 and 236 of the Employment Relations Act 2000.
5. I agree to comply with any ratification procedure relating to the terms and conditions of my employment to which CANZ may agree pursuant to section 51 of the Employment Relations Act 2000.
6. I authorise CANZ to obtain, collect, store and/or share any personal information about me held by my employer to which I have the lawful right of access pursuant to the Privacy Act 1993.
7. I will be bound without qualification by any and all terms and conditions of any individual or collective employment agreement which covers or concerns my employment that is negotiated and agreed by CANZ on my behalf.
8. I will be bound by the rules of CANZ and decisions made in accordance with the rules.
9. By signing this authority and declaration I revoke any previous authority given by me. This authority and appointment will continue to have effect while I remain a member of CANZ and while I am paying the subscription fee.
10. I understand that if I wish to terminate my membership of CANZ I will give CANZ at least 14 days' notice in writing of the termination, I will pay all subscription fees owing to the expiry of the notice and continue to be bound by the rules of CANZ and decisions made in accordance with the rules.

Signature _____ Date _____

For Office use only

| | |
|---------------|--|
| Payroll | |
| Database | |
| Diary/Card | |
| CANZ App | |
| Welcome email | |
| Website | |