

How to join the Media, Entertainment and Arts Alliance

Print out and complete pages 2 and 3 of this form (if paying by credit card) or pages 2, 3, and 4 (if paying by direct debit) and post to: Alliance Membership Centre, Locked Bag 526, Spring Hill QLD 4004.

Alliance membership fees

Alliance membership fees are levied annually by Federal Council according to your income and what section of the industry you work in. Some sections also have an application fee.

Annual income	Alliance fee level	Amount payable (before Society of Editors discount)
\$5000–\$14,999	Level 2	\$ 5.20 per week (\$270.00 per year)
\$15,000–\$29,999	Level 3	\$ 7.10 per week (\$369.00 per year)
\$30,000–\$59,999	Level 4	\$ 10.40 per week (\$541.00 per year)
\$60,000–\$77,999	Level 5	\$15.60 per week (\$811.00 per year)
Over \$78,000	Level 6	\$19.78 per week (\$1029.00 per year)

Full and Associate Members of Australian Societies of Editors in all states and territories are entitled to an annual discount equivalent to the amount of their Society's annual membership fee. For example, if you are a Full Member of the Society of Editors (Vic) and you earn \$45,000 per year, your annual Alliance membership would cost you \$8.96 per week instead of \$10.40 per week.

You must notify the Alliance each financial year of the Society of Editors discount when you renew your membership.

All membership fees are tax-deductible.

You can arrange to make direct debit payments weekly, fortnightly, quarterly, biannually, or annually.

More information about the Alliance is available on our website <www.alliance.org.au>, or call our Alliance Membership Centre on 1300 65 65 13.

Media, Entertainment & Arts Alliance Membership Form

Personal details

Surname _____ Given names _____ Title Mr Ms Mrs Miss Dr

Gender Female Male

Date of birth _____ I am an Australian citizen or resident Yes No

I have previously been a member of the Media, Entertainment & Arts Alliance Yes No

Home street address _____
_____ Postcode _____

Home postal address (if different from street address) _____
_____ Postcode _____

Home phone _____ Work phone _____ Work fax _____ Mobile phone _____

Preferred e-mail _____ Other e-mail _____

Would you like to receive the weekly Alliance E-Bulletin? Yes No

Employment details

Current employer _____ or freelance

Current occupation or job title (e.g. Editor, Senior Editor, Trainee Editor, Editorial Assistant) _____

Annual gross salary _____ Employment status: Full-time Part-time Contract Casual

Society of Editors membership details *(Please enclose a receipt from your Society showing membership fee and the date paid)*

Canberra: Full (\$60) Associate (\$45)

NSW: New Full member (\$75) Renewing Full member (\$70) New Associate member \$55 Renewing Associate member \$50

QLD: Full (\$45) Distant Full (\$22.50) Associate (\$35) Distant Associate (\$17.50)

SA: Full (\$80) Associate (\$50)

Tasmania: Full (\$70) Associate (\$50)

Victoria: Full or Associate metro area (\$75) Full or Associate Distant (\$45)

WA: Full (\$60) Concession (\$50)

Method of payment

- Cheque or money order enclosed
- Credit card (see below)
- Direct Debit (see p. 4)

Credit card payment

To pay your fees by periodic credit card deduction, please fill in this section of the form.

I would like to pay my Media, Entertainment and Arts Alliance membership fees by credit card.

Please debit my credit card for membership fees:

- weekly monthly quarterly biannually annually
- Bankcard MasterCard Visa AmEx Diners

Card number

Name on card _____ Expiry date /

Signature _____ Date /

Direct Debit

Request for debiting Amounts to Accounts by the Direct Debit System to pay Media Entertainment & Arts Alliance (form DDR)

To pay your fees by periodic direct debit deduction, please fill in this section of the form.

Please debit my bank/credit union account for membership fees:

weekly monthly quarterly biannually annually

(Insert the name and address of financial institution at which your account is held)

I/We _____
(Insert your surname or company/business name)

_____ (Insert your given names or ACN/ABN)

request you until further notice in writing to debit my/our account described in the schedule below any amounts which the Media Entertainment & Arts Alliance (ABA No. 063704) may debit or charge me/us through the Direct Debit System.

I/We understand and acknowledge that:

1. The Financial Institution may, in its absolute discretion, determine the order of priority or payment by it of any money pursuant to this Request or any authority mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this Request as to future debits.
3. The User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.
4. By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and the Media Entertainment & Arts Alliance as set out in this Request Service Agreement to be provided upon commencement of Direct Debit.

Customer signatures _____

If joint account, all signatures may be required.

Customer address _____ Postcode _____

The schedule

(Insert name of account which is to be debited)

BSB Number - Account Number

Please note: Direct debit is not available on the full range of accounts. If in doubt, please refer to your financial institution.