



Media, Entertainment & Arts Alliance STAA MEMBERSHIP FORM

MEMBERSHIP APPLICATION (PLEASE USE BLOCK LETTERS)

THIS AUTHORITY WILL REMAIN IN FORCE UNTIL CANCELLED BY ME IN WRITING

Surname _____ First name _____
Title (eg. Mr / Ms / Mrs) _____ Gender ☐ F ☐ M ☐ Other _____ Date of birth ____ / ____ / ____
I am an Australian citizen/resident ☐ Yes ☐ No _____ Aboriginal or Torres Strait Islander ☐ Yes ☐ No _____
Home address _____
Suburb/town _____ Postcode _____ State/territory _____
Email _____ Mobile phone _____
I was previously a member of MEAA ☐ Yes ☐ No Branch _____ Years _____
Employment status ☐ Casual ☐ Full-time ☐ Part-time ☐ Freelance Employer _____
What area of recorded media (film/television production) do you mainly work in?
☐ TV drama, film, reality/infotainment, TVCs ☐ Outdoor broadcast
☐ Live in-studio production ☐ News production/broadcast
☐ Games and animation What is your role _____

MEAA STAA Insurance for Multimedia Liability and Public and Products Liability

The Screen Technicians Multimedia Liability AND Public and Products Liability Insurance provides Screen Technicians the following:

\$1,000,000 Multimedia Liability Insurance, including Professional Services Insurance, any one claim, inclusive of defence costs.

\$20,000,000 Public and Product Liability Insurance, any one claim and in the aggregate, inclusive of defence costs.

The cost for coverage under these Policies (\$3.12 per week or \$161.72 per year) to be added onto your MEAA membership fees. The details of the policy is available to download from www.meaa.org/resources/

☐ *YES - I wish to sign on for the MEAA STAA Insurance

*** TO COMMENCE COVERAGE, YOU MUST COMPLETE THE DECLARATION ON THE BACK OF THIS FORM**

I instruct MEAA to deduct my STAA membership fees (tick one):

☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Annually

Credit card:

☐ Mastercard ☐ Visa

Name on card _____

Card number ____ / ____ / ____ / ____ Expiry date ____ / ____

Direct debit from my bank account:

Financial institution _____ Branch _____

Name of account _____

BSB ____ - ____ Account number _____

I hereby apply to join the Media, Entertainment & Arts Alliance as a new member and agree to be bound by its rules and constitution as amended from time to time. I request to pay my MEAA fees by payroll deduction/periodic credit card payment/periodic direct debit from my bank account until such time that I cancel my membership in writing.

SIGNED _____ Date ____ / ____ / ____

FOR OFFICE USE ONLY

Membership No: _____ W/ _____ / _____ Rec / Chq No: _____ Paid _____ Date _____

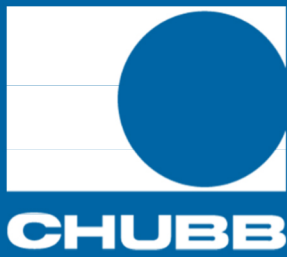
Obligations of Membership

Membership fees are levied annually by Federal Council according to your employment type. All membership fees are tax deductible. Fines and Levies shall be the first charge of all payments by members. If you leave the industry and wish to resign your membership, at least two weeks written notice of resignation must be given to your Regional Director. An unfinancial member, in addition to being liable for all amounts outstanding to the union, shall not be entitled to any of the benefits of membership including voting rights.

STAA MEMBERSHIP FEES (valid from 1/7/2022)

Annual income	Level	Weekly	Fortnightly	4-weekly	Quarterly	Half-yearly	Annually
\$6000 - \$14,999	Two	\$7.52 (\$10.64)	\$15.04 (\$21.26)	\$30.06 (\$42.50)	\$97.68 (\$138.10)	\$195.34 (\$276.20)	\$390.68 (\$552.40)
\$15,000 - \$29,999	Three	\$10.24 (\$13.34)	\$20.46 (\$26.68)	\$40.92 (\$53.36)	\$133.00 (\$173.42)	\$265.98 (\$346.84)	\$531.94 (\$693.66)
\$30,000 - \$78,999	Four	\$14.88 (\$18.00)	\$29.76 (\$35.98)	\$59.50 (\$71.94)	\$193.36 (\$233.78)	\$386.70 (\$467.56)	\$773.38 (\$935.10)
\$79,000 - \$103,500	Five	\$22.28 (\$25.38)	\$44.54 (\$50.76)	\$89.06 (\$101.50)	\$289.42 (\$329.86)	\$578.84 (\$659.70)	\$1157.68 (\$1319.40)
over \$103,500	Six	\$28.18 (\$31.30)	\$56.36 (\$62.58)	\$112.70 (\$125.14)	\$366.24 (\$406.68)	\$732.48 (\$813.34)	\$1464.96 (\$1626.68)

Basic membership (or including Public liability and Professional Indemnity insurance of \$3.12 pw or \$161.72 pa)



Media, Entertainment & Arts Alliance Member Insurance Proposal Declaration General Liability and Multimedia

Please note before starting:

1. All questions must be answered giving full and complete responses.
2. Blanks and/or dashes, or answers "known to insurers or brokers" or "N/A" are not acceptable.



1. Is the proposed insured a current member of MEAA?	Yes	No
2. MEAA Membership ID:		
3. Provide the estimated annual turnover / fee income:		
4. Does the proposed insured require cover for activities outside of Australia and New Zealand?	Yes	No
If Yes to above, please provide full details of the countries and the activities below:		
5. Does the proposed insured or any of its employees, contractors or agents operate or use vehicles, firearms, missiles, explosives, pyrotechnics, mechanical or non-mechanical amusement devices?	Yes	No
If Yes to above, please provide full particulars and provision of licenses and authorisations below:		
6. Does the proposed insured engage contractors and or temporary workers?	Yes	No
If Yes to above, does the proposed insured sight and hold copies of Certificates of Currency or equivalent insurance documentation from subcontractor and temporary, including but not limited to, General Liability and Workers Compensation?	Yes	No
If No to above, please provide full information and reason below:		
7. In the past ten (10) years, after enquiry, has the proposed insured had any claims or demands made or brought against it?	Yes	No
If Yes to above, please provide full details for referral and acceptance by the Insurer below:		
8. Is the proposed insured aware, after enquiry, of any facts or circumstances which may give rise to any Claim or which indicate the probability of any such Claim?	Yes	No
If Yes to above, please provide full details for referral and acceptance by the Insurer below:		
9. Is the proposed insured aware, after enquiry, of any matter relevant to the Insurer's acceptance or renewal of the insurance, including whether the proposed insured has ever been refused or declined, insurance or had insurance cancelled or has been the subject of any inquiry?	Yes	No
If the answer is Yes to any of these questions, please provide full particulars for referral and acceptance by the Insurer:		

The undersigned, on behalf of the Insured/proposed Insured, acknowledge that the Statutory Notice contained herein has been read and understood and declare that to the best of their knowledge and belief, the statements set forth herein are true.

Signed: _____

Date: _____

Please complete this form and return to MEAA via

Email members@meaa.org or mail to MEAA, Reply paid 526, SPRING HILL QLD 4004 (no postage stamp required)

Note: It is agreed that whenever used in this Declaration, the terms 'Claim', and 'Insured' are in accordance with the type of insurance referenced above and Insurer means Chubb Insurance Company of Australia Limited ABN 69 003 710 647 AFSL 239778.