

MULTIMEDIA LIABILITY INSURANCE (INCLUDING PROFESSIONAL INDEMNITY) FOR FREELANCE JOURNALISTS

Member Insurance Declaration

Reference/Policy Number : Media Liability 01CH548305
Public Liability 01CL548164

Name of Member

Member Number

In the last 10 years have any claims or demands been made against you? ☐ Yes ☐ No

Are you aware of any fact or circumstance which has the potential to give rise to a claim against you (whether or not you consider there is or was a liability)? ☐ Yes ☐ No

In the last 10 years have you been involved in any inquiry or similar process relating to your profession? ☐ Yes ☐ No

If yes to any of the above questions, please provide the following details in respect of each claim, fact, circumstance and inquiry:

NAME OF CLAIMANT OR POTENTIAL CLAIMANT / INQUIRY	BRIEF DESCRIPTION OF MATTER	ESTIMATE OF POTENTIAL LIABILITY

NOTE: All terms and conditions are subject to the Policy issued in the name of Media, Entertainment & Arts Alliance. If any question is answered in the affirmative this declaration is rejected and the member does not have any benefit under the said policy.

Member Signature

Date

Member Name

Financial Member
Verification Signature

Office use only

Date

Financial Member
Verification Name

At the time of print, Chubb Insurance Australia Limited as an "AA-" insurance financial strength rating given by Standard & Poor (Austral) Pty Limited.

Chubb Insurance Australia Limited ARBN 23 001 642 020 AFSL: 239687, is supervised by the Australian Prudential Regulation Authority as a general insurer, is the world's largest publicly traded property and casualty insurer, and has been present in Australia for 100 years.

MEMBERSHIP FEES

Your fees are paid according to your income from journalism. Fees start at \$13.94 a week, including your insurance. Call the membership team or visit our website to see what your fees are. All fees are 100% tax deductible.

INSURANCE

Freelance Pro membership includes insurance cover up to \$1,000,000 Professional Indemnity insurance and up to \$20,000,000 Public Liability any one occurrence.

Freelance Pro members will be required to undertake short refresher courses in MEAA's Code of Ethics and in Australian media law or provide evidence of equivalent training within the past five years.

MEAA MEMBER CENTRAL

Reply Paid 89632

Strawberry Hills NSW 2012

(freepost – no postage stamp required)

PHONE (toll free) 1300 65 65 13

EMAIL members@meaa.org

WEB www.meaa.org

PRIVACY POLICY

MEAA respects your privacy and is bound by the Privacy Act. Information is collected to enable the union to contact you about matters relating to your union membership, and to ensure that we have the necessary information to represent your employment and related interests. If there is any material you don't want to receive from the union, contact MEAA Member Central.



FREELANCE PRO MEMBERSHIP FORM



★ POWERED BY ★
CREATIVITY

Built on integrity and powered by creativity, MEAA is the largest and most established union and industry advocate empowering Australia's creative professionals.

Who is MEAA for? Our members include people working in TV, radio, theatre, film, entertainment venues, recreation grounds; as journalists, actors, dancers, sportspeople, cartoonists, photographers, orchestral and opera performers as well as people working in public relations, advertising, book publishing and website production... MEAA is for everyone who works in the industries that inform or entertain.

MEAA is a thought leader and driver of change. MEAA connects and creates new opportunities for our members. MEAA has been a strong and passionate advocate for our members for more than 100 years.

If you are a professional freelancer you should be a Freelance Pro member.

FREELANCE PRO
A MEAA Initiative



MEAA.ORG
#MEAAmedia

PERSONAL DETAILS

Surname _____

Given names _____

Work\Professional\Preferred Name _____

Title ☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Other _____

Gender ☐ Female ☐ Male

Date of birth ____ / ____ / ____

I am an Australian citizen/resident ☐ Yes ☐ No

I am an Aboriginal or Torres Strait Islander ☐ Yes ☐ No
(optional)

Home street address _____

Postcode _____

Postal address _____

if different to above

Postcode _____

Home phone _____

Work phone _____

Mobile phone _____

Preferred email _____

Other email _____

Twitter _____

Website _____

INCOME EARNED FROM FREELANCING

- ☐ Up to \$29,999 ☐ \$30,000 - \$78,999
☐ \$79,000 - \$103,500 ☐ More than \$103,500

PREVIOUS MEMBERSHIP

I was previously a member of MEAA ☐ Yes ☐ No

Branch _____ Years _____

STATEMENT

I hereby make application for membership of the Media, Entertainment & Arts Alliance (and its related state registered unions where they exist) and agree to be bound by its rules and constitution as amended from time to time.

Signature _____ Date _____

METHOD OF PAYMENT

- ☐ Direct Debit (see right) ☐ Credit Card (see below)

MEAA MEMBERSHIP FEES

MEAA membership fees are levied annually by Federal Council according to your income and which section of the industry you work in. Some sections also have an application fee. A full listing of all fees can be viewed on our website www.meaa.org or call MEAA Member Central on 1300 65 65 13 for more information. All membership fees are tax deductible.

CREDIT CARD PAYMENT

To pay your fees by periodic credit card deduction fill in this form.

Please charge my credit card for membership fees:

- ☐ weekly ☐ fortnightly ☐ monthly
☐ quarterly ☐ half-yearly ☐ annually
☐ Mastercard ☐ Visa ☐ Amex

Card number _____ / _____ / _____

Card name _____

Expiry date ____ / ____ / ____

Signature _____ Date _____

I understand that MEAA will notify me in writing each financial year with my deduction schedule.

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 fill in this form. The Request Service Agreement is available at meaa.org/join or from the MEAA staff member who provided this form.

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

I/We _____

surname or company/business name given names or ACN/ARBN

request you until further notice in writing debit my/our account described in the schedule below any amounts which 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

Customer address _____

may be required

Postcode _____

SCHEDULE

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

- ☐ weekly ☐ fortnightly ☐ monthly
☐ quarterly ☐ half-yearly ☐ annually

Name of account _____

BSB Number ____ - ____

Account Number _____

PLEASE NOTE: Direct debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution.

