

APPLICATION FOR UNION MEMBERSHIP



centralbranch
communication
workers
union

Mail: PO Box 250 Parramatta NSW 2124

ABN: 81 643 762 631

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FINANCIAL OBLIGATION: Members are required to pay membership fees and levies (if any). CWU Central Branch may take appropriate action to recover unpaid monies.

RESIGNATION: In accordance with the Union's Rules, you may resign from the CWU by written notice to the Branch Secretary. If you are no longer eligible to be a CWU member, your resignation will take effect on the day the resignation is received, or on any later date specified in the resignation. Else, your resignation will take effect 14 days after the resignation is received, or any later date specified in the resignation. You remain liable for any dues until a resignation takes effect.

PRIVACY: The CWU is bound by the Privacy Act. Information is collected to enable the CWU to contact you about matters relating to your membership and to ensure that we have the necessary information to represent your employment and related interests. The CWU's Privacy Statement is available by contacting the Union office. If you do **NOT** wish to receive any communications not related to the CWU and your employment, please tick this box

ARE YOU CURRENTLY A TRAINEE? YES NO

REFERRED BY

FULL NAME OF THE MEMBER WHO ASKED YOU TO JOIN THE CWU (IF APPLICABLE)

EMPLOYEE/AGS/
APS NUMBER

MR MRS MS MISS MX

DATE OF BIRTH

FULL NAME

GIVEN NAME/S

SURNAME

HOME ADDRESS

STREET

SUBURB

STATE/TERRITORY

POSTCODE

PERSONAL
PHONES

LANDLINE

MOBILE

EMAIL
ADDRESSES

HOME / PERSONAL

WORK

WORK DETAILS

EMPLOYER / COMPANY NAME

DESIGNATION / CLASSIFICATION / TITLE

JOB DETAILS

WORKPLACE

SHIFT TIME

WORK ADDRESS

LEVEL AND/OR STREET

SUBURB

STATE/TERRITORY

POSTCODE

WORK PHONES

LANDLINE

FAX

EMPLOYMENT ARRANGEMENT

Permanent Casual Fixed-term Contractor

Greater than 25 hours per week

15 - 25 hours per week

Less than 15 hours per week

I hereby make application to be a member of the CWU Central Branch and if accepted, agree to conform to the Rules and any amendments thereof.

SIGNATURE

DATE

PAYMENT METHOD 1 DIRECT DEBIT FROM BANK / FINANCIAL INSTITUTION ACCOUNT

ACCOUNT HOLDER AUTHORITY

I / WE

FULL NAME(S) OF ACCOUNT HOLDER(S)

Authorise the CWU Central Branch, APCA User ID 064116, until further notice in writing, to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in the 'Service Agreement' (the rules of the Union). I/We understand that the User may, by prior arrangement and advice to me/us, vary the amount of future debits in accordance with the Union's rules.

BSB NUMBER

ACCOUNT NUMBER

BANK / FINANCIAL INSTITUTION NAME

ACCOUNT HOLDER SIGNATURE / DATE

ACCOUNT HOLDER SIGNATURE / DATE

PAYMENT METHOD 2 DIRECT DEBIT FROM CREDIT / DEBIT CARD ACCOUNT

CREDIT CARD DETAILS

Mastercard Visa

DEBIT FREQUENCY: QUARTERLY Jan, April, July, Oct

BI-ANNUALLY Jan, July

ANNUALLY (10% discount applies) July

CARD NUMBER

EXPIRY DATE

I authorise the CWU Central Branch to debit from my credit card the amount of my CWU contributions, and future contributions as prescribed from time to time under the rules of the Union. This authorisation is to remain in force until revoked by the CWU or cancelled by me in writing.

CARD HOLDER FULL NAME

CARD HOLDER SIGNATURE / DATE