

ASU EMPLOYMENT SERVICES JSA

Our pay, our conditions, our say.

Mission Australia

STOP PRESS NSW UNION NEWS DECEMBER 3 #12

MISSION BACKS DOWN!

FACE TO FACE NEGOTIATIONS BACK ON DEC 10 and 11

What happened?

Further to our news of yesterday and the ASU's letter of December 1 – **Mission Australia has capitulated and agreed meet face to face** at the negotiations. If you would like to read the letters go to www.asumembers.org.au

It's now SEVEN DAYS before we take your collective voices (and face!) to the table again. It's time to Count Down!

We are strong. We have made Mission management sit face-to-face with us. **To make the most of this win – we need to build to a bigger win.** Every conversation helps. If every union member follows this countdown – we'll have more members and a better chance to build on this win!

Count	Date	Union Members Job!
7	Thursday Dec 3	Forward this email and all the News to all our Non-Member Friends
6	Friday Dec 4	Send us your personal email – see the fax/email back
5	Saturday Dec 5	Enjoy your weekend!
4	Sunday Dec 6	Enjoy your weekend!
3	Monday Dec 7	Have one conversation about negotiations with a non-member friend
2	Tuesday Dec 8	Tell your non-member friends you are a member and ask them to join
1	Wednesday Dec 9	Follow up on your conversations – If someone wants to join, give them the form and help them get it in. If people say 'no' that's fine too! Ask your Rep of the Office for help if you need it!
0	NEGOTIATIONS	

Member's Name: _____

My Personal Email is: _____

Any message or info you want to share with the Union office? _____

Please Fax Back – 02 9698 8936 or Scan and Email – emily@asu.org.au

Australian Services Union **Membership Form**

I apply for membership of the ASU NSW/ACT (Services Branch) and to the ASU of NSW, and I agree to abide by the Rules of each Union.
 Fax or mail this application to: **Australian Services Union NSW & ACT (Services) Branch PO Box 1865 Strawberry Hills NSW 2012**
 FAX 02 9698 8936 TEL 02 9310 4000 Outside Sydney Area 1300 784 278 www.asumembers.org.au

Personal details: MRS MS MR OTHER _____ M F

SURNAME	FIRST NAME	DATE OF BIRTH			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

YOUR HOME ADDRESS	STATE	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME PHONE	MOBILE	WORK PHONE	WORK FAX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME EMAIL	WORK EMAIL
<input type="text"/>	<input type="text"/>

Employment details: FULL TIME PART TIME CASUAL JOB SHARE OTHER _____

YOUR EMPLOYER	YOUR JOB TITLE
<input type="text"/>	<input type="text"/>

YOUR WORKPLACE ADDRESS	STATE	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment options: Please tick one box: **CREDIT CARD** MASTERCARD VISA **DIRECT DEBIT**

Please tick one box: FORTNIGHTLY | WEEKLY | MONTHLY | QUARTERLY | HALF YEARLY | ANNUALLY

Weekly Subscription Rates for 2009/10: Please tick one box

UP TO \$12,900 \$2.90 | \$13,000 – \$15,999 \$4.75 | \$16,000 – \$26,999 \$6.60 | \$27,000 – \$32,999 \$7.75 | ABOVE \$33,000 \$9.00

CREDIT CARD NUMBER	EXPIRY DATE
<input type="text"/>	<input type="text"/>

NAME ON CARD	SIGNATURE
<input type="text"/>	<input type="text"/>

DIRECT DEBIT CUSTOMER AUTHORITY: I/WE NAME OF CUSTOMERS GIVING THE DIRECT DEBIT REQUEST:

AUTHORISE ASU NSW/ACT SERVICES BRANCH USER ID NUMBER 063003 TO ARRANGE FOR FUNDS TO BE DEBITED FROM MY/OUR ACCOUNT AT THE FINANCIAL INSTITUTION IDENTIFIED 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.

NAME OF FINANCIAL INSTITUTION	BRANCH	ACCOUNT NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

BSB NUMBER	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>

WE AUTHORISE THE FOLLOWING: 1. THE DEBIT USER TO VERIFY THE DETAILS OF THE ABOVE MENTIONED ACCOUNT WITH MY/OUR FINANCIAL INSTITUTIONS. 2. THE FINANCIAL INSTITUTION TO RELEASE INFORMATION ALLOWING THE DEBIT USER TO VERIFY THE ABOVE MENTIONED ACCOUNT DETAILS. WE UNDERSTAND AND ACKNOWLEDGE THAT: 1. THE DEBIT USER MAY, IN ITS ABSOLUTE DISCRETION, DETERMINE THE ORDER OF PRIORITY OF PAYMENTS IF ANY OF ANY MONEYS PURSUANT TO THIS REQUEST OR ANY AUTHORITY MANDATE. 2. THE DEBIT USER MAY, IN ITS ABSOLUTE DISCRETION, AT ANY TIME BY NOTICE IN WRITING TO ME/US TERMINATE THIS REQUEST AS TO FUTURE DEBITS. 3. THE DEBIT USER MAY BY PRIOR ARRANGEMENT AND ADVICE TO ME/US, VARY THE AMOUNT OF FREQUENCY OF FUTURE DEBITS.

SIGNATURE	DATE
<input type="text"/>	<input type="text"/>

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