CARE
community, advocacy, respect and equity.

Join the CARE Campaign – Join the Union

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.

☐ Full Time ☐ Part Time ☐ Casual ☐ Other _____ (please tick one)

☐MRS ☐MS ☐MR ☐OTHER (PLEASE) PRINT ☐M ☐F

SURNAME FIRST NAME DATE OF BIRTH (OPTIONAL)

HOME ADDRESS

SUBURB POSTCODE

HOME PHONE MOBILE

EMAIL ADDRESS

YOUR EMPLOYER

YOUR JOB TITLE

YOUR WORK LOCATION / ADDRESS(INCLUDING) FLOOR

SUBURB POSTCODE

WORK PHONE WORK FAX

DO YOU IDENTIFY AS ABORIGINAL OR A TORRES STRAIT ISLANDER ? ☐YES ☐NO

SIGNATURE OF APPLICANT DATE

FAX OR MAIL THIS APPLICATION TO:
Australian Services Union
NSW & ACT (Services) Branch
PO Box 1865 Strawberry Hills NSW 2012

FAX 02 9698 8936
T 02 9310 4000
Outside Sydney Area 1300 784 278
www.asumembers.org.au

SUBSCRIPTION RATES 2008/09
(please tick one)

INCOME		Weekly
Up to $12,999	☐	$2.90
$13,000 - $15,999	☐	$4.75
$16,000 - $26,999	☐	$6.60
$27,000 - $32,999	☐	$7.75
$33,000 and over	☐	$9.00

payment options

(PLEASE TICK ONE PAYMENT OPTION AND FILL OUT THE APPROPRIATE SECTION BELOW)

PLEASE TICK ☐ FORTNIGHTLY ☐ 4 WEEKLY ☐ MONTHLY ☐ THREE MONTHLY ☐ SIX MONTHLY

☐ DIRECT DEBIT (PERIODICAL PAYMENT)

CUSTOMERS 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.

DETAILS OF THE ACCOUNT TO BE DEBITED. ALL DETAILS MUST BE SUPPLIED

NAME OF FININCIAL INSTITUTION BRANCH

ACCOUNT NAME

BSB NUMBER ACCOUNT NUMBER

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

☐ CREDIT CARD (PERIODIC PAYMENT)

☐ MASTERCARD ☐ VISA (please tick one)

CREDIT CARD NUMBER

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

EXPIRY DATE

☐☐ ☐☐

SIGNATURE DATE

I would like to be involved in

(please tick)

☐ ACTIVIST LISTS ☐ UNION TRAINING

☐ EMAIL LISTS ☐ BECOMING A DELEGATE

☐ DISTRIBUTING UNION INFORMATION

☐ A SUB BRANCH AND/OR WORKPLACE COMMITTEE

PLEASE FAX BACK TO 02 9698 8936