



# application for membership|ASSOCIATE

I apply for membership of the ASU NSW/ACT (Services Branch) and to the ASU of NSW,

I agree to abide by the Rules of each Union.

Full Time  Part Time  Casual

MRS  MS  MR  OTHER  M  F

SURNAME FIRST NAME DATE OF BIRTH

HOME ADDRESS (OPTIONAL)

SUBURB POSTCODE

HOME PHONE MOBILE PHONE

EMAIL ADDRESS

YOUR EMPLOYER

YOUR JOB TITLE

YOUR WORK ADDRESS

SUBURB POSTCODE

DIVISION AND BUSINESS

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

(Note: 50cents per week additional charge applies to other payment methods)

**ANNUAL RATE**  
**\$99.84**

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

PLEASE TICK  FORTNIGHTLY  4 WEEKLY  MONTHLY  QUARTERLY  HALF YEARLY  ANNUALLY

### 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 DISCRIBED IN THE SERVICE AGREEMENT.

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

NAME OF FINANCIAL 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 DEBITUSER 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 OR FREQUENCY OF FUTURE DEBITS.

SIGNATURE DATE

### CREDIT CARD (PERIODIC PAYMENT)

MASTERCARD  VISA (please tick one)

CREDIT CARD NUMBER

EXPIRY DATE

FREQUENCY OF FUTURE DEBITS.

SIGNATURE DATE

### I would like to be involved in

(please tick)

- ACTIVIST LISTS
- UNION TRAINING
- EMAIL LISTS
- A SUB BRANCH AND/OR WORKPLACE COMMITTEE
- BECOMING A DELEGATE
- DISTRIBUTING UNION INFORMATION