



AUSTRALIAN SERVICES UNION



application for membership|HUNTER WATER

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 Job Share Casual Other _____ (please tick one)

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 (please tick one)

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

JOB	Weekly
Full Time	<input type="checkbox"/> \$9.00
Part-Time	<input type="checkbox"/> \$4.75

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 FUNDSTO 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 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 OR FREQUENCY OF FUTURE DEBITS.

SIGNATURE _____ DATE _____

CREDIT CARD (PERIODICAL 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
- A SUB BRANCH AND/OR WORKPLACE COMMITTEE
- BECOMING A DELEGATE
- DISTRIBUTING UNION INFORMATION