

ME:

Given Name:

Last Name:

M F Other

Aboriginal Torres Strait Islander

D.O.B.

Residential Address:

STREET

CITY

STATE

TELEPHONE

Home:

Mobile:

EMAIL

Personal Email:

Work Email:

MY EMPLOYER:

Employer Name:

Job Title:

Department / section / location / branch:

Address of worksite:

STREET

CITY

STATE POST CODE

Work telephone:

Full Time Part Time Job Share
 Casual Other

MY MEMBERSHIP:

Membership contributions are based on your gross annual income. Please tick which applies to you.

<input checked="" type="checkbox"/> Pay per Annum	Weekly Contribution
0 - \$12,500	\$5.70
\$12,500 - \$24,000	\$8.20
\$24,001 - \$29,500	\$9.60
\$29,501 - \$36,000	\$11.05
\$36,001 - \$46,500	\$13.10
\$46,501 - \$60,000	\$14.40
\$60,001 - \$71,000	\$16.15
\$71,000 +	\$17.50

PAYMENT METHOD (Choose ONE of the following two options)

Option 1: Credit Card Visa Mastercard

PAYMENT FREQUENCY

Monthly Quarterly Yearly

CARD NUMBER

NAME ON CARD

SIGNATURE

CARD EXPIRY DATE

Option 2: Direct Debit

Next Pay date:

Payment frequency:

Fortnightly Monthly

Your details:

Weekly Quarterly

YOUR NAME

Direct debit customer authority: I/we name of customers giving the direct debit request:

I authorise you, Australian Services Union (SA + NT Branch) APCA User ID No 063633 to arrange for funds to be debited from my/our account at the financial institution below and as prescribed through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in the Direct Debit Request Service agreement overleaf found on the ASU (SA+NT Branch) website.

YOUR FINANCIAL INSTITUTION

BRANCH

ACCOUNT NAME

BSB

ACCOUNT NUMBER

SIGNATURE

DATE

A member may resign membership of the Union by written notice (including signature) addressed and delivered to the Branch Secretary of the ASU SA + NT Branch and the Secretary of the Amalgamated ASU (SA) State Union.

I apply for membership of the Australian Services Union (SA + NT Branch) and the Amalgamated ASU (SA) State Union

SIGNATURE

Legislation and the ASU Rules require applicants for membership to be made aware of certain information. To view that information, please visit www.asu-sant.asn.au/members-area/membership-fees.html

RETURN TO:

Fax: 08 8363 2225 | Email: membership@asu-sant.asn.au

Postal: PO Box 2217 Kent Town SA 5071

Office telephone: 08 8363 1322

Website: www.asu-sant.asn.au