



.....

ME:

Title: M F Other Full Name: D.O.B:

Home Address:

STREET STATE
CITY P.CODE

Home Phone:

Mobile:

EMAIL

(Please nominate a preferred email using the check box provided)

Personal Email: Preferred Work Email: Preferred

Are you of Aboriginal and/or Torres Strait Islander heritage?

 Yes, Aboriginal Yes, both
 Yes, Torres Strait Islander No

MY MEMBERSHIP:

Weekly membership rates are based on your weekly work hours. Please tick which applies to you:

<input checked="" type="checkbox"/> Hours worked per week	Weekly Rate
Less than 16 hours	\$9.00
16 hours or more	\$12.00

Payment frequency:

(Select a payment cycle that is convenient for you)

 Fortnightly 4 weekly Monthly
 Quarterly Half yearly Annually

Next Pay date:

PAYMENT METHOD:

 (Choose **ONE** of the following two options)
Option 1: Credit Card VISA MASTERCARD

CARD NUMBER

NAME ON CARD

SIGNATURE

CARD EXPIRY DATE

Option 2: Direct Debit

YOUR NAME:

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.

YOUR FINANCIAL INSTITUTION: BRANCH:

ACCOUNT NAME:

BSB:

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 monies 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

MY JOB:

Employer Name:

Job Description:

Work Address: STREET

CITY

STATE

P.CODE

EMPLOYMENT STATUS:

 Full Time Part Time Casual
 Job Share Other

Please scan and email to membership@asu.org.au or fax back to 02 9698 8936