Australian Services Union

www.asumembers.org.au

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.

Australian Serviced Union NSW & ACT (Services) Branch
PO Box 1865 Strawberry Hllls NSW 2012 PH 02 9310 4000
Outside Sydney Area 1300784 278

ME:

Title: M F Other

Full Name:

D.O.B:

Home Address:

STREET

CITY

STATE P.CODE

Home Phone:

Mobile:

EMAIL

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

Personal Email: Preferred

Work Email: Preferred

MY EMPLOYER:

Employer Name:

Work Address:

STREET

CITY

STATE P.CODE

MY JOB:

EMPLOYMENT STATUS:

Full Time Part Time Casual

Job Share Other

MY MEMBERSHIP:

Weekly membership rates are based on your gross annual income. Please tick which applies to you:

✔	Pay per Annum	Weekly Rate
	$12,999 or less	$4.15
	$13,000-$15,999	$6.10
	$16,000-$26,999	$8.15
	$27,000-$32,999	$9.95
	$33,000 or more	$11.35

Payment frequency:

(Select a payment cycle that is convenient for you)

Fortnightly 4 weekly Monthly

Quarterly Half yearly Annually

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

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

Authorised By Natalie Lang, Branch Secretary, Australian Services Union NSW & ACT (Services) Branch