

**How portable entitlements would make the difference.**

**WORKERS  
MAKE THE  
DIFFERENCE**

**I've worked \_\_\_\_\_ years in community services.  
With portable entitlements I would have had access to:**

\_\_\_\_\_ weeks annual leave

\_\_\_\_\_ weeks personal leave

\_\_\_\_\_ weeks long service leave

Total \_\_\_\_\_ weeks.

**How this would make a difference to me:**



By your side

[asumembers.org.au](http://asumembers.org.au)



**ME:**

Title:  M  F  Other

Full Name:

D.O.B:

Home Address:  STATE

STREET

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 WORK:**

Employer Name:

Work Address:  STATE

STREET

CITY  P.CODE

**SECTOR:** (please nominate which sectors you work in using numbers 1-3. ONE being primary, TWO being secondary and so on.)

- |  |  |
|--|--|
| <input type="checkbox"/> Disability Services                         | <input type="checkbox"/> Community Legal Services                                |
| <input type="checkbox"/> Child Protection, Youth and Family Services | <input type="checkbox"/> Aboriginal Services                                     |
| <input type="checkbox"/> Women's Services                            | <input type="checkbox"/> Health, Mental Health & Alcohol and Other Drug Services |
| <input type="checkbox"/> Community and Neighbourhood Services        | <input type="checkbox"/> Policy, Advocacy, Campaigning                           |
| <input type="checkbox"/> Migrant and Settlements Services            | <input type="checkbox"/> Employment Services                                     |
| <input type="checkbox"/> Homelessness, Housing and Tenancy           | <input type="checkbox"/> Community Transport                                     |
|  | <input type="checkbox"/> Aged Care   |

**MY ROLE:** (please tick one)

- |  |   |
|--|---|
| <input type="checkbox"/> Support Worker                              | <input type="checkbox"/> Counsellor, Clinician, Social Worker |
| <input type="checkbox"/> Case Worker                                 | <input type="checkbox"/> Admin, Support & Operations          |
| <input type="checkbox"/> Community Development Worker                | <input type="checkbox"/> Team Leader or Coordinator           |
| <input type="checkbox"/> Advocate                                    | <input type="checkbox"/> CEO or Senior Leadership             |
| <input type="checkbox"/> Policy, Research Campaigns & Communications |   |

**MY JOB:**

**EMPLOYMENT STATUS:**

- Full Time  Part Time  Casual  
 Job Share  Contractor / Sole Trader

**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 |
|-------------------------------------|-----------------------|-------------|
| <input type="checkbox"/>            | Less than 16 hours    | \$9.00      |
| <input type="checkbox"/>            | 16 hours or more      | \$12.25     |

**Payment frequency:**

(Select a payment cycle that is convenient for you)

- Fortnightly  4 weekly  Monthly  
 Quarterly  Half yearly  Annually

Next Pay date:

**PAYMENT METHOD:** (please choose one)

- Option 1: Credit Card**  VISA  MASTERCARD

CARD NUMBER

NAME ON CARD

CCV

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**

**Email to membership@asu.org.au / SMS to 0419 623 984 / Fax to 02 9698 8936**

For information on how we use your data and protect your privacy, please see our privacy policy: [www.asu.asn.au/about/privacy](http://www.asu.asn.au/about/privacy)

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