Australian Services Union

Membership Application Form

A•S•U

www.asuvic.org

Please return to the Australian Services Union

Post:
PO Box 324
North Melbourne VIC
3051

In Person:
Level 1/ 117 Capel St
North Melbourne

By Fax:
03 9320 6799

ABN: 15 278 369 860

Call us: (03) 9320 6700

Referred by:

Join online
asujoin.asn.au

I agree to become a member of the Australian Municipal, Administrative, Clerical & Services Union (ASU). I agree to abide by the rules of the ASU as amended from time to time. I authorise the ASU to act on my behalf in respect of any negotiations, discussions or proceedings whatsoever relating to the terms and conditions of my employment or proposed employment; and to be given access to all documentation relating to my employment or proposed employment, including any type of employment contract, work workplace agreement, enterprise agreement or other industrial instrument. This authority remains in force until I revoke it in writing.

Section 1: Your Details

required fields

Title: _____ *First Name:* _____ *Surname:* _____

Home Address: _____ *Suburb:* _____

Postcode: _____ *Signature:* _____ *Today's Date:* _____/_____/_____

Date of Birth: _____/_____/_____

PRIVACY: The Union is covered by the provisions of the Privacy Act 1998. You can view the Union's Privacy Statement at www.asuvic.org/members/privacy.html

Contact Details The ASU may need to contact you regarding your employment or membership. You can update your contact preferences at any time by contacting the office.

Email: _____

Phone:(AH) _____ *(Mob):* _____ *(please complete one)*

☐ *Do not contact me at work* *Work Phone:* _____

Work fax: _____ *Work Email:* _____

Section 2: Your employment details

Employer: _____ *Department:* _____

*Employer address:*_____ *Suburb:* _____

Postcode: _____*Occupation:* _____

Hours per week: ☐ *Fewer than 30* ☐ *30+ hours*

Workplace issues I would most like addressed: _____

Section 3: Payment Details (please choose one:)

1. Direct Debit

I/We _____
authorise Australian Services Union - Victorian Private Sector Branch (APCA User ID No 062537) to arrange for funds to be deducted from my/our account at the financial institution identified 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 Service Agreement.

Name of Financial Institution: _____

BSB Number: _____

Account Number: _____

Account Name: _____

Regular Debit: ☐ Weekly ☐ F/nightly ☐ Monthly ☐ Quarterly

Amount per debit: $_____ (please refer to debit agreement below)

Start Date: _____ / _____ / 20___

Signature: _____ Date: ___ / ___ / 20__

2. Credit card

Card type: ☐ Visa ☐ Mastercard

Card Number: _____

Expiry date: _____ / _____

Cardholder name: _____

Regular debit: ☐ Weekly ☐ F/nightly ☐ Monthly ☐ Quarterly

Amount per debit: _____
(refer to fees chart, left).

Start Date: ____ / ____ / 20___

Signature: _____

Today's date: ___ / ___ / 20___

Membership dues: 12/13

30 hours or more per week

	Adult	Junior
Weekly	10.10	7.65
Fortnightly	20.20	15.30
Monthly	43.77	33.15
Quarterly	131.30	99.45

Less than 30 hours per week

	Adult	Junior
Weekly	7.80	6.09
Fortnightly	15.60	12.18
Monthly	33.80	26.39
Quarterly	101.40	79.17

Union dues are tax deductible

DIRECT DEBIT SERVICE AGREEMENT
This document provides information to you regarding the direct debiting of your account. By signing this direct debit request (DDR) you have authorised us to arrange for funds to be debited from your nominated account. You should refer to the direct debit request and this agreement for the terms of the arrangement between you and us.

DRAWING ARRANGEMENTS
The ASU will debit amounts instructed by you on a selected Thursday cycle. If the payment date is a non-business day or public holiday we will process a direct debit to your account on the next business day.

CHANGES TO THE ARRANGEMENTS
Unless you have asked us to change your payment and we have agreed to your request, we will give you at least 14 days notice when changes to our direct debit arrangements are made. This notice will include the new amount, frequency and the next drawing date. A request to stop or alter direct debit arrangements must be made in writing to the ASU and signed by the member.

DISPUTES
If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting our membership department. We undertake to investigate any dispute and advise you of the outcome. Phone: 03 9320 6700 Email: info@asupsvic.org.

ACCOUNTS
Before sending us your account details, please check with your financial institution that direct debit deductions are allowed on the account you have chosen. Please make sure you have enough money in your account to cover your obligations to us when due. Your financial institution may charge a fee if the payment cannot be met. You must advise us if the nominated account is transferred or closed.

CONFIDENTIALITY
The ASU will not release any information provided on this form to any person or institution other than the member who signs the form and the financial institution cited in the form.