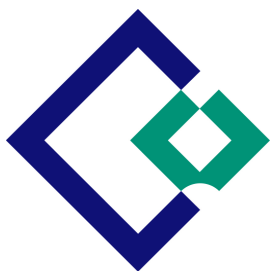


Australian Services Union

Membership Application Form 2009



A•S•U

www.asuvc.org

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, workplace agreement, enterprise agreement or other industrial instrument. This authority remains in force until I revoke it in writing.

Section 1: Your Details

Title: _____ First Name: _____ Surname: _____

Home Address: _____ Suburb: _____

Post Code: _____ Home Phone: _____ Mobile: _____

Email: _____ Date of Birth: ____/____/____

Signature: _____ Today's Date: ____/____/2009

I do NOT wish to receive marketing materials about membership services

PRIVACY: The Union is covered by the provisions of the Privacy Act 1998. The information collected enables the union to contact you about matters relating to your union membership and to ensure that we have the necessary information to represent your employment and related interests. You can view the Union's Privacy Statement at www.asuvc.org/members/privacy.html

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

Section 2: Your Employment Details

Employer: _____ Department: _____

Employer Address: _____ Suburb/Town: _____

Post Code: _____ Work Phone: _____ Work Fax: _____

Work Email: _____ DO NOT contact me at work

Occupation: _____ Hours per week: Less than 30 hours per week
 30 hours per week or more

Section 3: Payment Details

Fees: 09/10

More than 30 hours per week

	Adult	Junior
Weekly	\$9.55	\$7.20
F/nightly	\$19.10	\$14.40
Monthly	\$41.40	\$31.20
Quarterly	\$124.15	\$93.60

Less than 30 hours per week

	Adult	Junior
Weekly	\$7.00	\$5.45
F/nightly	\$14.00	\$10.90
Monthly	\$30.35	\$23.60
Quarterly	\$91.00	\$70.85

*GST Included

Union Fees are tax deductible

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: \$ _____ (refer to Debit Agreement)

Start Date: ____/____/2009

Signature: _____ Date: ____/____/2009

Credit Card

Card Type: Visa Mastercard

Card Number: _____

Expiry Date: ____/____

Cardholder Name: _____

Regular Debit: Weekly F/nightly

Monthly Quarterly

Amount per Debit: \$ _____ (refer to Debit Agreement)

Start Date: ____/____/2009

Signature: _____

Today's Date: ____/____/2009

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@asupsvc.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.