

MEMBERSHIP APPLICATION



Direct Debit/ Credit Card Form

About you

First name	Surname	Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Other
Preferred name	Phone	Date of birth
Email	Street address	
Suburb	Post code	State/ territory

About your job

Employer/ Labour hire	Occupation
Worksite/ suburb	
Payroll/ Employee No. (if known)	<input type="radio"/> Full time <input type="radio"/> Part time <input type="radio"/> Casual <input type="radio"/> Junior/ Apprentice/ Trainee

Diversity is important to our union and we'd like to know a bit more about you

<input type="radio"/> Aboriginal <input type="radio"/> Torres Strait Islander	Country of birth	Languages
---	------------------	-----------

There are a number of ways you can pay your membership fees and become a member of the United Workers Union

Please tick your preference and add the details.

<input type="radio"/> OPTION 1 – Direct Debit	<input type="radio"/> OPTION 2 – Recurring Credit Card Payment Authority
Financial institution	<input type="radio"/> Mastercard <input type="radio"/> VISA
Name(s) on account	Card number
BSB number	Expiry date
Account number	Name on card

☐ **OPTION 3** – Employer Release

I authorise my employer to give my bank account details, employment and contact details to the United Workers Union

I authorise the United Workers Union (APCA User ID Number 604133) to debit/charge funds from my nominated bank account or bank account provided by my employer as authorised above at the intervals specified below. This authorisation includes where changes to that account/institution occur, and is in force until I give further notice in writing. I acknowledge that I have been informed of my fee amount and that the Union's fees may be revised from time to time. This authority shall stand in respect of the above specified account/card and in respect to any card issued to me in renewal or replacement thereof, until I notify the Union in writing of its cancellation.

I wish to make payments ☐ Weekly ☐ Fortnightly ☐ Other _____ Date to begin payments: ____/____/____

This payment request is subject to the terms and conditions set out in the Union Membership Agreement.

What Else Do I Need To Do?

I apply for membership of the United Workers Union* and declare the information provided is true and correct. I agree that if admitted as a member, I will abide by the Rules of the Union. I authorise the United Workers Union to act on my behalf with my employer. I acknowledge that the membership fee may be adjusted from time to time.

SIGN HERE:

DATE:

THE SMALL PRINT - *The Union's Membership Agreement and Privacy Policy are available at: unitedworkers.org.au/notices. The Union is bound by the Privacy Act 1988 and the information on this form is used in accordance with our Privacy Policy. Eligible members in NSW, WA, Tas & Qld will by this application also become members of respectively United Voice, New South Wales Branch, United Voice WA, United Voice, Tasmanian Branch or United Voice, Industrial Union of Employees, Queensland.

OFFICE USE	Organiser	Delegate/ member
	Worksite	Fee notes