## UNITED SERVICES UNION AUTHORITY ADVICE FOR: RESIGNATION OR CHANGE OF EMPLOYER



☐ RESIGNATIO	n	E OF EMPLOYER
	ernment, Clerical, Administrative Inion (USU New South Wales Bra	
Attention: Membership Sect	tion [Fax No: (02) 9261 3378]	
Dear Sir or Madam,		
I wish to inform you that I ha		ED from employment with on
	(place)	(date)
I therefor tender my resignat	ion from the Union effective from	m
OR		(date)
	continue membership and will o	
(e	employer)	
OR		
I wish to advise that I am res	igning from the <b>UNION ONLY</b> .	
We appreciate it if you would	d tick one selection that most app	lies to your resignation from the Union
Retired	Resigned, Left Industry	y 🗖 Redundancy
Retired, III-Health	Resigned, Union Only	Terminated
On Worker's Comp	☐ Seasonal Work Compl	ete
Other:		
Yours faithfully,		
Name:	Signature:	
Address:		
		Postcode:
Membership No:	_ Telephone:	Payroll No:
	Office Use Only	
Membership Officer:	Date Received:	
Date Processed:	Code:	