SERVICES

Application For USU Membership

NEW SOUTH WALES LOCAL GOVERNMENT, CLERICAL, ADMINISTRATIVE, ENERGY, AIRLINES & UTILITIES UNION

			FORM 1-230113. OFFICE USE ONLY		
SECTION A	YOUR DETAILS:		Membership No.		
NAME: Title:	Surname:	Given Names	5:	DOB: / /	
EMAIL: Home:		Work:			
PHONE: Home:	Work:		Mobile:		
HOME ADDRESS:				Postcode:	
EMPLOYER:					
WORKSITE ADDRESS	:			Postcode:	
OCCUPATION:					
EMPLOYMENT BASI	 Full Time Part Time * Please circle income threshold: * Please note subscription rates are determined. 		JKLM	🗖 Temp 🗖 Seasonal	
SECTION B	APPLICATION FOR MEMBER	SHIP:	with the Rules of the Union.	hall pay subscriptions in accordance	
the undersigned, hereby apply for membership of the NSW Local Government, Clerical, administrative, Energy, Airlines & Utilities Union (trading as the United Services Union - USU) ind the NSW Local Government, Clerical, Administrative, Energy, Airlines & Utilities Branch f the Australian Municipal, Administrative, Clerical and Services Union (ASU). agree to abide by the Rules of the Union as amended from time to time in accordance ith the <i>Fair Work Act 2009</i> (Cth) and the <i>Industrial Relations Act 1996</i> (NSW). I hereby uthorise the USU/ASU to act as bargaining agent on my behalf with my employer, in all matters affecting my employment with my employer. understand my authorisation remains in force until I revoke it in writing in accordance ith the <i>Fair Work Act 2009</i> (Cth) and the <i>Industrial Relations Act 1996</i> (NSW). I have ead the information supplied relating to financial obligations of membership and the ircumstances and manner in which I may resign my membership.			 Resignation: 1. A member may resign membership of the Union by written notice delivered or sent to the registered address of the Union. 2. A notice of resignation takes effect: a. where the member ceases to be eligible for membership of the Union i. on the day on which the notice is received; or ii. on the day specified in the notice, which is a day not earlier than the day when the member ceases to be eligible to become a member; whichever is the later: or b. in any other case: i. at the end of two weeks after the notice is received, or ii. on the day specified in the notice; whichever is the later. 3. Any member resigning shall be liable for the payment of all subscriptions, fines and levies owing to the Union under the Rules at the date of leaving, and such monies may be sued for and recovered in 		
Name of person:	M'ship Nc	p. (if known):	Privacy Statement	bound by the Privacy Act 1988 (Cth).	
Applicant's Signat		Date: / /		available by contacting the USU on	
SECTION C	PAYMENT METHOD:				
I, Surname:	Surname: Given Name/s:				
wish to pay my USU on a: □ Monday [subscription: □ Weekly □ Tuesday □ Wednesday □ Thu	□ Fortnightly rsday □ Friday effective	•	l Quarterly	
	DETAILS	OF ACCOUNT TO BE D	EBITED		
Name of Financial					
Account Name:	(If joint account two signatures are	BSB No:	Accoun	t No:	
I authorise my employer to release my financial institution details, including any changes from time to time, to the USU so that direct debit of Union subscriptions can be commenced from my account. I recognise that my employer has no financial accountability in this transaction and that if I have provided details of more than one account to my employer, the USU will contact me to determine which account I wish to use for paying USU subscriptions. This authority will not lapse in its binding effect by the passage of time and will only be revoked by a further written authority.					
	OR	CREDIT CARD DETAIL	S		
Mastercard V	isa Card Number:		Expiry date	:: / CVC:	
	OR BPAY/STATE	MENT/PAYROLL DEDU	CTION OPTION		
□ I will pay my subscription via BPAY/Statement. □ I will pay my subscription via Payroll Deduction. Payroll deduction authority can be downloaded at www.usu.org.au					
I/We authorise the following:1. The USU to verify the details of the above named account with my/our Financial institution2. The Financial institution to release information allowing the USU to verify the above account details.					
I agree at all times to have sufficient funds or credit to ensure the electronic transfers occur irrespective of the method of payment. Failure to pay could affect whether I am a financial member in accordance with the rules of the union.					
Signature/s:		Date	/ /		
eturn this form by	fax to (02) 9261 3378, email to 1	membership@usu.ora.a	u or mail to: USU. PO Bo	x A1154 Sydney South 12	

Authorised and printed by Graeme Kelly OAM, USU General Secretary • USU Support Team 1300 136 604 • www.usu.org.au