

## YOUR VOICE YOUR AWARD YOUR UNION

Every three years the USU and the other local government Unions negotiate a new Local Government (State) Award with your Council's representatives. The Award establishes the employment safety net for nearly every local government worker in New South Wales.

United Services Union members are the most important and influential people in establishing this safety net.

## **HOW DOES IT WORK?**

1.

**A USU member** at your workplace comes up with an idea to improve the Award.



2.

**USU members at your workplace** come together to <u>discuss the best ideas to improve the Award.</u>

3

USU Branch Delegates **that you elect**, meet with USU Branch Delegates from other Councils to make a shortlist of the best ideas to improve the Award.



4.

The USU Executive, which is **made up of USU members** working at Councils just like you, come up with a priority list based on all the best ideas to improve the Award.

WHY JOIN YOUR UNION?

The Award starts and stops with USU members **just like you.** 

USU officials, who work for you, negotiate the best possible package of Award improvements, based on all the ideas from USU members, USU Branch Delegates, and the USU Executive.

The Award is the safety net for everyone at Council, but only USU members set the agenda, dictate the terms, and sign off on that safety net.

Take control and discover your voice, join the USU today!

The USU Executive, which is made up of USU members working at Councils just like you, consider the package of improvements negotiated

and either endorse the package for a vote of members or send officials back to the negotiating table.



USU officials, **who work for you**, run information sessions for all USU members so that you know what the package of Award improvements are.



**Every USU member** in New South Wales gets the opportunity to vote on the package of Award improvements and the new Award safety net.

Join today.









## **Application For USU Membership**

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



AE OFICAL A			FORM 1-230113. OFFICE USE ONLY	SCAN TO JOIN ONLINE	
SECTION A	YOUR DETAILS:		Membership No.		
NAME: Title: Su	urname:	Given Names	:	DOB: / /	
EMAIL: Home:		Work:			
PHONE: Home:	Work:		Mobile:		
HOME ADDRESS:				Postcode:	
EMPLOYER:					
WORKSITE ADDRESS:				Postcode:	
OCCUPATION:					
EMPLOYMENT BASIS:	☐ Full Time ☐ Part Time ☐ C  * Please circle income threshold: A B  * Please note subscription rates are determined		J K L M	□ Temp □ Seasonal	
SECTION B	APPLICATION FOR MEMBERSHIP:	•	<b>Financial Obligations</b> : Members showith the Rules of the Union.	all pay subscriptions in accordance	
I, the undersigned, hereb Administrative, Energy, A and the NSW Local Gove of the Australian Municip I agree to abide by the R with the Fair Work Act 200 authorise the USU/ASU to	by apply for membership of the NSW Local Golirlines & Utilities Union (trading as the United Strnment, Clerical, Administrative, Energy, Airlial, Administrative, Clerical and Services Unio Rules of the Union as amended from time to the 109 (Cth) and the Industrial Relations Act 1996	Resignation with the NSW Local Government, Clerical, Union (trading as the United Services Union - USU) al, Administrative, Energy, Airlines & Utilities Branch ive, Clerical and Services Union (ASU).  On as amended from time to time in accordance the Industrial Relations Act 1996 (NSW). I hereby along agent on my behalf with my employer, in all whiche		Ination: 1. A member may resign membership of the Union by an notice delivered or sent to the registered address of the Union. notice of resignation takes effect: 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; sichever is the later: or	
I understand my authorism with the Fair Work Act 200 read the information sup circumstances and mann	my authorisation remains in force until I revoke it in writing in accordance work Act 2009 (Cth) and the Industrial Relations Act 1996 (NSW). I have mation supplied relating to financial obligations of membership and the s and manner in which I may resign my membership.  ate the name of the person who provided this membership form to you.		<ul> <li>b. in any other case: <ol> <li>at the end of two weeks after the notice is received, or</li> <li>on the day specified in the notice; whichever is the later.</li> </ol> </li> <li>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 the name of the Union, subject to the Fair Work Act 2009 (Cth) and the Industrial Relations Act 1996 (NSW) or any Act amending the same.</li> </ul>		
Name of person:	M'ship No. (if kno		Privacy Statement	or any retramentaling the same.	
Applicant's Signature	e: <b>X</b> Da			ound by the <i>Privacy Act 1988</i> (Cth). ailable by contacting the USU on	
	PAYMENT METHOD:		1300 136 604 or on the website at w	ww.usu.org.au	
	.,				
I, Surname:		Given Name/s:			
wish to pay my USU su on a: \( \text{Monday} \) \( \text{D} \)	l <b>bscription:</b> □ Weekly 「uesday □ Wednesday □ Thursday	□ Fortnightly □ Friday effective	- /	Quarterly	
	DETAILS OF A	CCOUNT TO BE D	EBITED		
I/We		authorise, unti	I further notice, the UNITED SER'	VICES UNION (User ID: 062819).	
	described in the schedule below, any amou				
Name of Financial In:	stitution/Branch:				
Account Name:	(If joint account two signatures are required	BSB No:	Account	No:	
subscriptions can be con provided details of more	er to release my financial institution details, in nmenced from my account. I recognise that than one account to my employer, the USU v e in its binding effect by the passage of time	my employer has no fina will contact me to detern	ncial accountability in this trans nine which account I wish to us	saction and that if I have	
	OR CRE	DIT CARD DETAILS			
	Card Number:		Expiry date:	/ CVC:	
	OR BPAY/STATEMEN	T/PAYROLL DEDUC	CTION OPTION		
□ I will pay my subscripti		ubscription via Payroll De		nat I will be invoiced quarterly.	
I/We authorise the fall	owing: 1 The USU to verify the details o			tution	

2. 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

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: X Date / /