

Win a \$100 HESTA Scholarship

Are you currently studying? Or do you have a dependent child who is a student?

If yes, then you are eligible to apply for one of 20 \$100 HESTA Super Fund textbook scholarships!
Thanks to HESTA Super Fund for their support in these awards.

Who is eligible?

HESTA scholarships are available to all Union members who are at any level of study. They are also available to union member's dependent children who are also at any level of study.

How can a scholarship be used?

You can use the scholarship to purchase textbooks and any other school materials.

Where can a scholarship be redeemed?

The scholarship is in the form of a \$100 payment in your name.

How are scholarships determined?

Winners are decided by a ballot of applications received at the Union office.

How will I know if I win a scholarship?

Winners will be contacted after the nominated closing date, and their names will be published in the following edition of the HSUWA newsletter.



Application Form

Member's Name:.....

Member's Address:

Postcode: Mobile:.....

Member's Email Address:

Employer:

I am applying for a scholarship for my own use

I am applying for a scholarship on behalf of my dependent child

Course of study intended this year:

In respect of this application, I acknowledge that it will be subject to a ballot conducted by the HSUWA and I hereby agree to accept as final the result of such ballot.

Date:/...../..... Member's signature:.....

Send your application to:

HSUWA, PO Box 8204, Stirling St, Perth Business Centre, Perth, 6849 or email: union@hsuwa.com.au

I want to join the Union!

ABOUT YOU

Dr Mr Ms Mrs Miss Male Female Unspecified

Date of Birth ____ / ____ / ____

First name: _____

Preferred name (if applicable): _____

Surname: _____

CONTACTING YOU

Postal address: _____

Postcode: _____

Please include as many as possible of the following:

Work phone: _____

Work email: _____

Home phone: _____

Home email: _____

Mobile phone: _____

YOUR EMPLOYER AND YOUR JOB

Name of Employer: _____

Department: _____

Work location: _____

Job title: _____

Are you:

Full time OR Part time Permanent, Fixed Term OR Casual
(please tick) (please tick)

Hours per fortnight: _____ Classification (eg. Level 2.4) _____

Present annual salary: \$ _____ (Please note that subs are calculated on the basis of ordinary salary without penalty rates or allowances).

JOINING THE UNION

I hereby make application for membership of the Health Services Union of Western Australia and the Health Services Union WA Branch. I agree to abide by the Union Rules, which may be amended from time to time. I understand and accept that the Secretary has the discretion to decline or limit advice or service for an industrial or workplace issue I might have which existed prior to my financial membership of the Union. I am aware that information about the Union's Rules, non-member policy, privacy policy, and membership benefits, can be found at www.hsuwa.com.au. I understand that Indemnity Insurance and Journey Cover insurance only apply to financial members of the Union. I understand that any resignation from the union must be in writing to the Secretary.

SIGN
HERE

Signed: _____ Date: ____ / ____ / ____

I WAS SIGNED UP BY

Name: _____

Contact number: _____

SUBSCRIPTION FEES - Don't forget! Union fees are tax deductible!

In authorising one of the subscription options the HSUWA is only authorised to debit the amount of subscriptions set from time to time by a general meeting of the Union, in accordance with the Rules. The current subscription fees can be found below.

HSUWA Subscription Rates (1st January 2021, GST Inclusive)

Ordinary Annual Salary	Fortnightly Rates	Ordinary Annual Salary	Fortnightly Rates
Under \$49,000	\$14.25	\$65,001 to \$103,000	\$26.36
\$49,001 to \$65,000	\$20.90	\$103,001 and above	\$33.86

OPTION 1. DIRECT DEBIT REQUEST

Member's Authority

I/We _____

Authorise the HSUWA (User ID 063 168) to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS).

This authorisation is to remain in force in accordance with the terms described in the HSUWA Direct Debit Customer Service Agreement which is available on request from the HSUWA Office.

Details of the Account to be Debited

Name of Financial Institution _____

Branch Address _____

Account Name (that is, the name of the person(s) who hold the account) _____

BSB Number: ____ / ____ / ____

Account Number: _____

Signed

Date

Signed

Date

OPTION 2. PERIODIC CREDIT CARD PAYMENT

This option authorises an automatic, regular payment from your credit card.

I wish to pay by regular credit card payment Visa Mastercard

Monthly Quarterly 6 Monthly Annually

Card holder name: _____

Card No: _____ Expires: ____ / ____

Signature: _____

OPTION 3. OTHER PAYMENT METHOD

Please contact the HSUWA Office for other payment options



Send your completed form via email to union@hsuwa.com.au, or fax to 9328 9107, or post in a sealed envelope to: **Health Services Union, Reply Paid 8204, PERTH BC WA 6849** (no stamp required)

(08) 9328 5155

hsuwa.com.au/join

8 Coolgardie Tce Perth WA 6000

union@hsuwa.com.au

[withyouatwork](#)

Secretary, Naomi McCrae

hsuwa
with you at work