

# 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](http://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 - note: union subscription 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 at "Join Now" on [hsuwa.com.au](http://hsuwa.com.au) or by contacting the HSUWA office on 9328 5155 or [union@hsuwa.com.au](mailto:union@hsuwa.com.au)*

## 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](mailto:union@hsuwa.com.au), or fax to 9328 9107, or seal in an envelope and post to: Health Services Union, Reply Paid 8204, PERTH BC WA 6849 (no stamp required)



 **hsuwa**  
with you at work