



APPLICATION FOR MEMBERSHIP

of the HSUWA and HSU WA Branch
 8 Coolgardie Terrace, PERTH WA 6000
 t: (08) 9328 5155 • f: (08) 9328 9107 • union@hsuwa.com.au • hsuwa.com.au
 Secretary : Dan Hill

I, the undersigned, hereby apply to become a member of the above named Unions.

ABOUT YOU

Title: Dr Mr Ms Mrs Miss Date of Birth ____ / ____ / ____
 (please tick)

Name: _____
 (Given name)

 (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: _____
 Workplace/Dept: _____
 Job title: _____
 Are you: Full time Temporary Part time Sessional Casual
 (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).



Signed: _____ Date: ____ / ____ / ____

FEES - Please note all union subscription fees are tax deductible.

HSUWA Subscription Rates (as from 1st July 2013, GST Inclusive)			
Ordinary Ann Salary	Fortnightly Subs	Ordinary Ann Salary	Fortnightly Subs
Under \$42,000	\$12.60	\$57,001 to \$91,000	\$23.30
\$42,001 to \$57,000	\$18.50	\$91,001 and above	\$29.95

NON-MEMBERS SERVICE POLICY

In accordance with the Union's objectives

1. Except to the extent necessary for the Union to conduct its business, persons who are not members of the HSUWA will receive no advice or service. Such advice or service will be reserved for members only.
2. Persons who join the HSUWA with a pre-existing workplace issue will not receive assistance in relation to that issue/problem, unless determined otherwise by the Secretary and/or the Committee of Management.

SUBSCRIPTION OPTIONS

Please choose one option and complete that section

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, and notified to you in advance.

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: _____

I/We authorise the following:

1. The HSUWA to verify the details of the abovenamed account with my/our financial institution.
2. The Financial Institution to release information allowing the HSUWA to verify the abovenamed account details.

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

Monthly Quarterly 6 Monthly Annually

BankCard Visa Mastercard

Card holder name: _____

Card No: _____ Expires: ____ / ____

Signature: _____

OPTION 3. OTHER PAYMENT METHOD

Please contact the HSUWA Office for other payment options

Return your completed form sealed in an envelope to:

Reply Paid 193, The Secretary,
 HSUWA, PO Box 8204, PERTH WA 6849

(No stamp is required).

HSUWA REP/MEMBER USE ONLY - FOR ENTRY IN THE PRIZE DRAW

Name: _____

HSUWA Membership number or Workplace _____

Telephone _____