



## PROTECT US.

Step up and commit to:

- Providing the best PPE and workplace ventilation.
- Ensuring safe staffing levels, proper breaks and rest.
- Implementing 20 days paid COVID Leave for isolation and recovery from illness. (Won for the public sector!)

## RESPECT US.

Listen to what we are telling you loud and clear, and:

- Recruit and plan the future health workforce now.
- Commit to no more than 10% of workers in insecure jobs.
- Retain your highly qualified and specialised health professionals by acknowledging the complexity of their work has changed and new pay structures are needed.

## PAY US.

For too long we have accepted less than we deserve:

- Increase pay by at least 4% each year for the next 3 years and show us you value our expertise. (HSUWA Members reserve the right to increase their claim based on cost of living pressures).
- Ensure pay equity on basic entitlements, like shift penalties and when on-call, across all health employees.
- Immediately implement a COVID Surge Allowance to retain the people needed to manage the extra workload, face higher risks and work in PPE.

# HSUWA Membership Form



## About You

Title: \_\_\_\_\_  
First name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Gender:  Female  Male  Diverse  
DOB: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mobile: \_\_\_\_\_

## About Your Job

Job title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Department: \_\_\_\_\_  
Location: \_\_\_\_\_  
Employment type (please tick two options):  
 full-time  part-time  casual |  permanent  contract  
Hours per fortnight: \_\_\_\_\_  
Annual salary: \_\_\_\_\_  
Classification/level: \_\_\_\_\_  
Work email: \_\_\_\_\_  
Work phone/mobile: \_\_\_\_\_

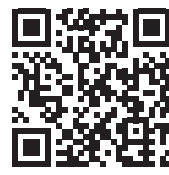
## Authorisation

I apply for membership of the Health Services Union of Western Australia/Health Services Union WA Branch (HSUWA). I understand:

- problems/issues arising prior to membership will receive no or limited assistance;
- information about the Union's rules, policies and benefits of membership can be found at [hsuwa.com.au](http://hsuwa.com.au);
- Professional Indemnity and Journey Cover insurance cover only applies to employed, financial Members of the Union in accordance with the relevant policies: and,
- resignation from the Union is to be in writing, addressed to the Secretary.

On admission, I agree to abide by the rules and policies of the Union and pay membership contributions.

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_



SCAN TO JOIN

## Quick Join!

If you want to join online visit [www.hsuwa.com.au/join](http://www.hsuwa.com.au/join) or scan the QR code with your mobile phone camera.

## Payment Options

In authorising one of the payment options below, the HSUWA is only permitted to debit the amount set by a general meeting of the Union. In accordance with the rules found at [hsuwa.com.au/rules](http://hsuwa.com.au/rules)

### Option 1: Direct Debit

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.

Account name:
BSB:
Account number:

### Option 2: Credit Card

<input type="radio"/> Visa	<input type="radio"/> Mastercard	Expiry: /
Name on card:		
Card#		
Frequency: <input type="radio"/> Fortnightly <input type="radio"/> Monthly		

## Member Contributions\* (Tax Deductible)

Annual Salary	Fortnightly Rates
Under \$50,000	\$14.25
\$49,001 - \$66,000	\$20.90
\$66,001 - \$104,000	\$26.36
\$104,001 + above	\$33.86

\*As at 1 January 2022

## Who Encouraged You to Join?

Name: \_\_\_\_\_