Membership Form

HEALTH SERVICES UNION WA

Name

First Name

Last Name

Date of Birth

/ /

Gender

☐ Female ☐ Male

☐ Diverse

Contact Details

Street Address

Suburb

Postcode

Mobile

Personal Email

Work Email

Select your preferred contact ☐ Work Email ☐ Personal Email

Employer

E.g. North Metropolitan Health Service; Ramsay Health Care

Workplace

E.g. Sir Charles Gairdner Hospital; Joondalup Health Campus

Department

E.g. Pharmacy; Physiotherapy; Medical Records

Job Title

Employment Type

Tick relevant box/s

☐ Full Time ☐ Casual

☐ Part Time ☐ Fixed Term

Contracted Hours per Fortnight

E.g. 76 Hours per Fortnight

Classification/Level

E.g. G-4.1, Level 2

Annual Salary

E.g. $94,066

Membership Contributions

YOUR ANNUAL SALARY	FORTNIGHTLY RATES
Under $62,000	$14.68
$62,001 - $79,000	$21.53
$79,001 to $120,000	$27.15
$120,001 and above	$34.87

Member contribution rates may be adjusted annually as determined by a general meeting of Members. If your salary changes, which affects the rates payable, please contact the Union. Contributions are paid fortnightly and tax deductible.

Payment Options

OPTION 1: DIRECT DEBIT

BSB	ACCOUNT NUMBER
ACCOUNT NAME	

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 above and as prescribed on this form through the Bulk Electronic Clearing System. This authorisation is to remain in force in accordance with the terms described in the HSUWA Direct Debit Customer Service

OPTION 2: CREDIT CARD

CARD															
CARDHOLDER NAME												MM/YY			

☐ **I authorise payment (please tick)**

Terms and Conditions

I apply to be a member of the Health Services Union of Western Australia and Health Services Union WA Branch (HSUWA/Union). I understand that information about the Union and its Rules can be found on the Union website or by contacting the Union. In making this application I declare that the information I have given is correct and will notify the Union if my details change.

I understand and acknowledge that contribution rates may be adjusted by a general meeting of Members; it is my responsibility to ensure I am paying the correct contribution rates to the Union; cancellation of my membership must be submitted in writing to the Union; contributions paid prior to requesting membership cancellation will not be refunded; my personal information will be protected in accordance with the Union's Privacy Policy; the New Member Support Policy applies to all new or returning Members; and the insurances of Professional Indemnity Insurance and Journey Cover Insurance apply to Members in accordance with their policy terms and only to employed, financial Members of the Union. (The terms of these insurances are available on request.)

☐ **I agree to these Terms and Conditions and will abide by the Union's Rules and Policies**

X

Signature

Date

Who encouraged you to join?

Join online by scanning QR code

9328 5155 union@hsuwa.com.au hsuwa.com.au