



STAND UP! FOR HIGHER WAGES

ONLINE PAID UNION MEETING 15 March 2024



HSUWA Members deserve better pay and conditions, so it's time to Stand Up!

Attend this paid online union meeting to discuss the campaign to improve your pay and conditions in your next Union Agreement.

HSUWA Members will be updated on the bargaining process and to gain insights from Members to guide next steps in the campaign.

Date: Friday, 15 March 2024

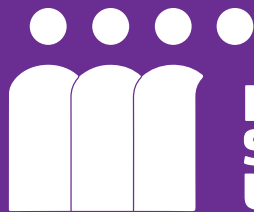
Time: 12pm – 1pm

Location: Online via Teams. Scan the QR code to register.

hsuwa.com.au



**HEALTH
SERVICES
UNION WA**



About You

First name: _____
Last name: _____
Year of birth: _____
Home address: _____
Suburb: _____ Postcode: _____
Email: _____
Mobile: _____

About Your Job

Job title: _____
Employer: _____
Department: _____
Workplace: _____
Employment type (please tick what applies):

☐ 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/Union). 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;
- Professional Indemnity and Journey Cover insurance cover only applies to employed, financial Members of the Union in accordance with the relevant policies;
- in authorising one of the payment options opposite, the HSUWA is only permitted to debit the amount set by a general meeting of the Union; and
- resignation from the Union is to be in writing, addressed to the Secretary.

On admission, I agree to follow 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-now or scan the QR code with your mobile phone camera.

Payment Options

Please select one payment option and complete your details

☐ 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. 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

☐ Visa ☐ Mastercard Expiry: _____ / _____

Name on card: _____

Card# _____

Frequency: ☐ Fortnightly ☐ Monthly

Member Contributions* (Tax Deductible)

Annual Salary	Fortnightly Rates*
Under \$57,000	\$14.25
\$57,001 - \$73,000	\$20.90
\$73,001 - \$110,000	\$26.36
\$110,001 + above	\$33.86

*As at 1 July 2023. Credit card payments incur an additional surcharge of 1.75% + \$0.30 per transaction.

Who Encouraged You to Join?

Name: _____

**Return to HSUWA via email
union@hsuwa.com.au or fax: 9328 9107**