



THE TOP 5 REASONS TO *Join your union*

AUSTRALIAN SERVICES UNION

1 ASU PROTECTS YOUR RIGHTS AT WORK

The ASU represents you for your pay and conditions. An ASU Organiser is your dedicated work resource to negotiate agreements, enforce conditions of employment, deal with management, provide advice to, and represent, you.

2

OUR SPECIALISTS HAVE YOU COVERED

ASU members are supported by specialists including an internal legal team and dedicated OHS Officers. We employ staff who specialise in training, research, policy, and women specific issues - at your disposal.

3

SAVINGS, DISCOUNTS & MEMBER ONLY DEALS

Free will and super advice
Our association with Vision Super, Maurice Blackburn Lawyers and ME Bank means you always have a mate in the industry.

Discounted shopping
We offer our members the best possible savings through collective buying power. Visit our website for member-only deals

4 STRENGTH IN NUMBERS

Big business has too much power and many of them are in a race to the bottom on wages and job security. Our members deserve their fair share.

There's strength in numbers. Join now for a fairer share for working Australians.

Members have access to a personal resource for assistance. Contact our MCC via phone, email or web.

1300 855 570

INFO@ASUVICTAS.COM.AU

WWW.ASUVICTAS.COM.AU

ASU MEMBER CONTACT CENTRE

5

SECTION A

Title: Mr Ms Miss Mrs Mx _____ D.O.B: _____

First Name: _____ Surname: _____

Home Address: _____

Contact Numbers: Work: _____ Home: _____

Mobile: _____

Email Address: Work: _____

Home: _____

PLEASE COMPLETE ALL DETAILS AT SECTION A AND THEN EITHER SECTION B, C or D

Return to the ASU by
fax: (03) 9342 3499 **email:** info@asuvictas.com.au
or mail: PO Box 37 Carlton South VIC 3053
 Free call 1300 855 570 for further assistance
 JOIN ONLINE: asuvictas.com.au

CODE: _____

REFERRED BY: _____

I wish to become a member of the Australian Municipal, Administrative, Clerical and Services Union (ASU) and agree to abide by the rules. I authorise the Branch Secretary of the Authorities and Services Branch (and any successor branch) of the ASU or his/her nominee to be my sole representative in negotiations on the terms and conditions of my employment and to act as bargaining agent and agent on my behalf with my employer in all matters affecting my employment with my employer. I also authorise my employer to provide updated information on changes of name / address / classification / work / location. I consent to the information provided in the application to be used by ASU staff, officers and delegates for the purpose of communicating with me about the ASU, my employment and / or my membership.

I have an existing workplace issue* I do not have an existing workplace issue

**ASU policy requires that the worker be given representation on pre-existing workplace issues only in exceptional cases as approved by the ASU Branch Secretary. For policy see www.asuvictas.com.au*

Signature: _____ Date: _____

The ASU is committed to equity and access for all members. Do you have any specific impairment or illness related communication or access needs? Yes No

Employer: _____ Location: _____

Address: _____ Program: _____ Employee No: _____

Hours worked per week: 0 - 9 10 - 19 20 - 29 30+

Gross annual income: < \$16k \$16,000 - 21,579 \$21,580 - 24,000 > \$24k

Job title: _____

Department: _____

Section: _____

Industry: Local Government Social & Community Services Water Information Technology

Shipping Travel Energy Transport

Airlines (TAS) Clerical (TAS) Other (please specify): _____

SECTION B: DIRECT DEBIT BY BANK

I/We: (Full Name/s) _____

Home Address: _____

Payment by Financial Institution

Authorise you, The Australian Services Union Vic Tas Authorities & Services Branch (the debit user), APCA User ID No. 25674, 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), such funds to be the amount payable to the ASU to cover my membership fees for the debit period. This authorisation is to remain in force in accordance with the terms described in the Service Agreement.

I/We authorise the following:

- The debit User to verify the details of the above mentioned account with my/our Financial Institution
- The Financial Institution to release information allowing the Debit User to verify the above mentioned account details.

I have read the Direct Debit conditions online at www.asuvictas.com.au

Account to be debited - all account information must be supplied

Name of Financial Institution: _____

Branch Name: _____

Account Name: _____

BSB Number: _____ Account No: _____

Direct Debit Service Agreement

The ASU will instruct financial institutions to debit members' accounts on a weekday either:

Fortnightly Monthly Quarterly **Next Pay Date:** _____

Signature: _____ Date: _____

Signature: _____ Date: _____

SECTION C: DIRECT DEBIT BY CREDIT CARD

I authorise the Australian Services Union Vic Tas Authorities and Services Branch to make debits from my: Visa MasterCard

For the appropriate ASU membership fee as advised from time to time, on the following basis: Fortnightly Monthly Quarterly Yearly

Expiry Date: ____ / ____ / ____ Next Pay Date: _____

Card No:

Cardholder Name: _____

Signature: _____ Date: _____

SECTION D: PAYROLL DEDUCTION

[Before completing Section D, please check that your Pay Office offers payroll deduction]

I have confirmed with my employer that payroll deduction is available to me:

I (full name), _____

Authorise the employer to make regular deductions from my pay to cover my annual subscription to the Australian Services Union, Vic Tas Authorities & Services Branch, as determined pursuant to the rules of the ASU and to pay the amount so deducted to the ASU Vic Tas Authorities & Services Branch. This authority shall remain in force until revoked by me in writing in accordance with the ASU rules and shall extend to any alterations to the amount of the contribution made pursuant to the rules of the Union. I also authorise my employer to provide updated information on changes of name / address / classification / work / location.

Signature: _____ Date: _____