

MEMBERSHIP APPLICATION FORM VICTORIA

By your side

AUSTRALIAN
**SERVICES
UNION**

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 ASU to act on my behalf in respect of any negotiations relating to 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.

ME:

Title:	Full Name:	D.O.B
<hr/>		
Home Address:	Postcode:	
<hr/>		
Home Phone:	Mobile:	
<hr/>		
Personal Email:	Work Email:	
<hr/>		

MY WORK:

Employer Name:	Job Title:
<hr/>	
My Employment Address:	Postcode:
<hr/>	
Location:	Department:
<hr/>	
Hours worked per week:	Do you have an existing workplace issue? <input type="checkbox"/> Yes <input type="checkbox"/> No
<small>Representation on existing workplace issues will only be given in exceptional circumstances. For policy see www.asuvictas.com.au</small>	
Industry:	<input type="checkbox"/> Local Government <input type="checkbox"/> Social & Community Services <input type="checkbox"/> Water <input type="checkbox"/> Energy <input type="checkbox"/> Information Technology
	<input type="checkbox"/> Airlines (TAS) <input type="checkbox"/> Clerical (TAS) <input type="checkbox"/> Travel <input type="checkbox"/> Shipping <input type="checkbox"/> Transport
Employment Type:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/> Fixed Contract <input type="checkbox"/> End date:
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MY MEMBERSHIP:

WEEKLY MEMBERSHIP RATES 2021/2022

Weekly hours	Invoiced	Direct Debit
30 +	\$13.79	\$13.37
20 - 29	\$10.76	\$10.44
10 - 19	\$7.74	\$7.50
0 - 9	\$4.71	\$4.57
Family Day Carers	\$7.74	\$7.50
Apprentices & Trainees	\$4.71	\$4.57
School Xing Supervisors	\$4.71	\$4.57
Students	Free	Free

Payment Frequency:

<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Yearly

Option 1: Direct Debit by Bank

I/We authorise the following: 1. The debit User to verify the details of the below mentioned account with my/our Financial Institution 2. The Financial Institution to release information allowing the Debit User to verify the below mentioned account details.

Acc Name:

BSB:

Acc Number:

Option 2: Direct Debit by Credit Card

Visa Mastercard

Cardholder Name:

Card No:

Expiry Date:

Option 3: Payroll Deduction

Employee No:

Before completing please check that your Pay Office offers payroll deduction

Full Name:

I 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.

Next Pay Date:

Signed:

Please return to the Australian Services Union

Email: info@asuvictas.com.au

Post: PO BOX 37, Carlton South, VIC, 3053

In Person: 116 Queensberry St, Carlton South, VIC, 3053