



Application For USU Membership

NEW SOUTH WALES LOCAL GOVERNMENT, CLERICAL, ADMINISTRATIVE, ENERGY, AIRLINES & UTILITIES UNION

SECTION A YOUR DETAILS:

FORM 1-230113. OFFICE USE ONLY

Membership No.

NAME: Title: Surname: Given Names: DOB: / /

EMAIL: Home: Work:

PHONE: Home: Work: Mobile:

HOME ADDRESS: Postcode:

EMPLOYER:

WORKSITE ADDRESS: Postcode:

OCCUPATION:

EMPLOYMENT BASIS: Full Time Part Time Contractor Casual Apprentice Temp Seasonal
* Please circle income threshold: A B C D E F G H I J K L M
* Please note subscription rates are determined by income thresholds - see attached rates card (also available at www.usu.org.au)

SECTION B APPLICATION FOR MEMBERSHIP:

I, the undersigned, hereby apply for membership of the NSW Local Government, Clerical, Administrative, Energy, Airlines & Utilities Union (trading as the United Services Union - USU) and the NSW Local Government, Clerical, Administrative, Energy, Airlines & Utilities Branch of the Australian Municipal, Administrative, Clerical and Services Union (ASU).

I agree to abide by the Rules of the Union as amended from time to time in accordance with the Fair Work Act 2009 (C'th) and the Industrial Relations Act 1996 (NSW). I hereby authorise the USU/ASU to act as bargaining agent on my behalf with my employer, in all matters affecting my employment with my employer.

I understand my authorisation remains in force until I revoke it in writing in accordance with the Fair Work Act 2009 (C'th) and the Industrial Relations Act 1996 (NSW). I have read the information supplied relating to financial obligations of membership and the circumstances and manner in which I may resign my membership.

Please indicate the name of person who provided this membership form to you.
Name of person: M'ship No. (if known):

Applicant's Signature: Date: / /

Financial Obligations: Members shall pay subscriptions in accordance with the Rules of the Union.

Resignation: 1. A member may resign membership of the Union by written notice delivered or sent to the registered address of the Union.

2. A notice of resignation takes effect:
a. where the member ceases to be eligible for membership of the Union:
i. on the day on which the notice is received; or
ii. on the day specified in the notice, which is a day not earlier than the day when the member ceases to be eligible to become a member;
whichever is the later; or
b. in any other case:
i. at the end of two weeks after the notice is received, or
ii. on the day specified in the notice; whichever is the later.

3. Any member resigning shall be liable for the payment of all subscriptions, fines and levies owing to the Union under the Rules at the date of leaving, and such monies may be sued for and recovered in the name of the Union, subject to the Fair Work Act 2009 (C'th) and the Industrial Relations Act 1996 (NSW) or any Act amending the same. Please note that the New South Wales Local Government, Clerical, Administrative, Energy, Airlines & Utilities Union trades as the **United Services Union**.

Privacy Statement

Note: The United Services Union is bound by the Privacy Act 1988 (C'th). The Union's Privacy Statement is available by contacting the USU on 1300 136 604 or on the website at www.usu.org.au

SECTION C PAYMENT METHOD:

I, Surname: Given Name/s:

wish to pay my USU subscription: Weekly Fortnightly Monthly Quarterly
on a: Monday Tuesday Wednesday Thursday Friday effective From: / /

DETAILS OF ACCOUNT TO BE DEBITED

I/We authorise, until further notice, the UNITED SERVICES UNION (User ID: 062819), to debit my/our account described in the schedule below, any amount which the USU may debit or charge me/us through the Direct Debit system.

Name of Financial Institution/Branch:

Account Name: (If joint account two signatures are required below) BSB No: Account No:

I authorise my employer to release my financial institution details, including any changes from time to time, to the USU so that direct debit of Union subscriptions can be commenced from my account. I recognise that my employer has no financial accountability in this transaction and that if I have provided details of more than one account to my employer, the USU will contact me to determine which account I wish to use for paying USU subscriptions. This authority will not lapse in its binding effect by the passage of time and will only be revoked by a further written authority.

OR CREDIT CARD DETAILS

Card Number: Expiry date: / Mastercard Visa

OR BPAY/STATEMENT/PAYROLL DEDUCTION OPTION

I will pay my subscription via BPAY/Statement. I will pay my subscription via Payroll Deduction. I understand that I will be invoiced quarterly.
Payroll deduction authority can be downloaded at www.usu.org.au

- I/We authorise the following:
1. The USU to verify the details of the above named account with my/our Financial institution
 2. The Financial institution to release information allowing the USU to verify the above account details.

I agree at all times to have sufficient funds or credit to ensure the electronic transfers occur irrespective of the method of payment. Failure to pay could affect whether I am a financial member in accordance with the rules of the union.

Signature/s: Date / /

Return this form by fax to (02) 9261 3378, email to membership@usu.org.au or mail to: USU, PO Box A1154 Sydney South 1235