

# MEMBERSHIP APPLICATION FORM

OFFICE USE ONLY

## PERSONAL INFORMATION

Gender  Female  Male

Given name/s

Surname

Date of Birth / /

Address

State

Postcode

Telephone (home)

Telephone (mobile)

Email

## EMPLOYMENT INFORMATION

Employer and address (and labour hire agency if applicable)

Are you:  Permanent  Part-time  Casual  Registered with a Labour Hire Agency?

## PAYROLL DEDUCTION AUTHORITY

I authorise my employer(s) to deduct \$  per week (being my NUW fees) and forward them to the NUW and release my contact details to NUW.

Signature ✕

Date / /

This form will be forwarded to the relevant Branch of the NUW. This information is collected to enable the NUW to contact you about matters relating to your NUW membership, and to ensure that we have the necessary information to represent your employment, industrial and related interests. The Union fees above are the current Union fees, and may be adjusted over time by authority of the NUW.

## DEDUCTIONS

Please tick for Bank or Credit Card debits

Weekly     Monthly     Quarterly     Half-yearly     Yearly

## DIRECT DEBIT OF FEES

### BANK ACCOUNT

I/We ..... request that you, until further notice in writing, to debit my/our account, described in the schedule below, any amounts which the National Union of Workers may debit or charge me/us through the Direct Debit System. I/We understand/acknowledge that:

1. The financial institution may, in its absolute discretion, determine the order of priority of payment by it or any monies pursuant to this request or any authority or mandate.
2. The financial institution may, at its absolute discretion, at any time, by notice in writing to me/us, terminate this request as to further debits.

Name and Address of Bank/Financial Institution where account is held

Signature

Home Address

Name of account which is to be debited:

BSB Number     Account Number

### CREDIT CARD

I/We ..... request that you, until further notice in writing, to debit my/our account, described in the schedule below, any amounts which the National Union of Workers may debit or charge me/us through the Direct Debit System. I/We understand/acknowledge that:

1. The financial institution may, in its absolute discretion, determine the order of priority of payment by it or any monies pursuant to this request or any authority or mandate.
2. The financial institution may, at its absolute discretion, at any time, by notice in writing to me/us, terminate this request as to further debits.

Name and Address of Bank/Financial Institution where account is held

Signature

Home Address

Name on Credit Card

Card Number  -  -  -

Card Expiry  /