ASU MEMBERSHIP worth joining

Australian Services Union Victorian Authorities & Services Branch
1st & 2nd Floors 116 Queensberry Street Carlton South VIC 3053
Telephone: (03) 9342 3400 Facsimile: (03) 9342 3497
Email: membership@asuvic.com Web: www.asuvic.asn.au

When you pay by direct debit you save 3% on your fees

Hours Worked	Per Week	Fortnight	Per Week	Fortnight
0 - 9 Hours	$3.27	$6.53	$3.17	$6.33
10 - 19 Hours	$5.61	$11.22	$5.44	$10.89
20 - 29 Hours	$7.96	$15.92	$7.72	$15.44
30 + Hours	$10.30	$20.61	$9.99	$19.99
Apprentices, Trainees & School Crossing Supervisors	$3.27	$6.53	$3.17	$6.33
Family Day Carers	$5.61	$11.22	$5.44	$10.89
Students	FREE		FREE	

Subscription rates listed are valid until 30 June 2011 • Union fees are fully tax deductible

AUSTRALIAN SERVICES UNION MEMBERSHIP APPLICATION FORM

Please complete all details at Section A and then *either* Section B, C or D. Return to the ASU by fax: (03) 9342 3497 or mail to: PO Box 37 Carlton South Vic 3053. Should you require further assistance please contact the ASU Office on 1300 85 55 70

Section A

Title: Mr Ms Miss Mrs (please circle one)

First Name: _____ Surname: _____ D.O.B: / /

Home Address: _____ Postcode: _____

Contact Numbers: Work: _____ Home: _____ Mobile: _____ Work fax: _____

Email Address: Work: _____ Home: _____

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: _____ Work Location: _____ Address: _____

Section: _____ Department: _____ Program: _____ Employee No: _____

Hours worked per week: ☐ 0 - 9 ☐ 10 - 19 ☐ 20 - 29 ☐ 30+ Job title: _____ Classification: _____

Industry: ☐ Local Government ☐ Social & Community Services ☐ Water ☐ Information Technology ☐ Transport
☐ Shipping ☐ Travel ☐ Energy ☐ Other (please specify): _____

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 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.asuvic.asn.au*

Signature: _____ **Date:** _____

Section B DIRECT DEBIT BY BANK

I/We: (Full Name/s) _____

Home Address: _____

Payment by Financial Institution

Authorise you, The Australian Services Union Victorian 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:

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

Direct Debit conditions are available at *www.asuvic.asn.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 Victorian Authorities and Services Branch to make debits from my:

☐ MasterCard ☐ Bankcard ☐ Visa

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

☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

Expiry 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, Victorian Authorities & Services Branch, as determined pursuant to the rules of the ASU and to pay the amount so deducted to the ASU Victorian 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:** _____