



# COMMUNICATION WORKERS UNION

## POSTAL & TELECOMMUNICATIONS BRANCH VICTORIA

Post: PO BOX 14 BRUNSWICK WEST VIC 3055 Fax: 03 9387 3512 Email: office@cwuvic.asn.au

I, the undersigned, hereby make application to be admitted as a member of the Communication Workers Union (CWU) and to undertake to abide by the Rules and By-laws and any amendments thereof, made in accordance with the provisions of the Fair Work Act 2009, and registered thereunder. I understand that my application remains in force until I revoke it in writing in accordance with the Fair Work Act 2009.

### APPLICATION FOR MEMBERSHIP

REFERRED BY

FULL NAME OF THE MEMBER WHO ASKED YOU TO JOIN

EMPLOYEE/AGS/  
APS NUMBER

MR  MRS  MS  MISS

DATE OF BIRTH

/ /

FULL NAME

GIVEN NAME/S

SURNAME

HOME ADDRESS

STREET

SUBURB

POSTCODE

PERSONAL  
PHONES

LANDLINE

MOBILE

EMAIL  
ADDRESSES

HOME / PERSONAL

WORK

WORK DETAILS

EMPLOYER / COMPANY

DESIGNATION / CLASSIFICATION / TITLE

JOB DETAILS

WORKPLACE

SHIFT TIME

WORK ADDRESS

LEVEL / STREET

SUBURB

POSTCODE

WORK PHONES

LANDLINE

FAX

ABORIGINAL  TORRES-STRAIT ISLANDER

### EMPLOYMENT ARRANGEMENT

Permanent  Casual  Fixed-term  Contractor

Greater than 25 hours per week

15 - 25 hours per week

Less than 15 hours per week

**X** SIGNATURE

DATE / /

### PAYMENT METHOD 1 DIRECT DEBIT FROM BANK / FINANCIAL INSTITUTION ACCOUNT

CUSTOMER'S AUTHORITY

DEBIT FREQUENCY FOR THIS PAYMENT METHOD IS FORTNIGHTLY FROM THE NOMINATED ACCOUNT BELOW

I / WE

FULL NAME(S) OF ACCOUNT HOLDER(S)

Request CWU Communication Division P&T Branch Victoria (User ID No: 57978) to draw monies from my/our nominated financial institution by Direct Debit Request for payment of Union contributions. I/We acknowledge that this Direct Debit Arrangement is governed by the terms of the Direct Debit Service Agreement received by you. I/We also authorise the Debit User to verify my/our below mentioned account details with my/our financial institution and for the financial institution to release information allowing the Debit User to verify my/our below mentioned account details.

BSB NUMBER ACCOUNT NUMBER BANK / FINANCIAL INSTITUTION NAME

**X** ACCOUNT HOLDER SIGNATURE / DATE

**X** ACCOUNT HOLDER SIGNATURE / DATE

### PAYMENT METHOD 2 DIRECT DEBIT FROM CREDIT / DEBIT CARD ACCOUNT

CREDIT CARD DETAILS

Mastercard  Visa  DEBIT FREQUENCY: MONTHLY  QUARTERLY  BIANNUALLY  ANNUALLY (10% DISCOUNT)

CARD NUMBER EXPIRY DATE

I authorise the CWU Communications Division P&T Branch Victoria to debit my credit card for the amount of my union dues.

CARD HOLDER FULL NAME

**X** CARD HOLDER SIGNATURE / DATE