COMMUNICATION WORKERS UNION
POSTAL & TELECOMMUNICATIONS BRANCH VICTORIA

Post: PO BOX 14 BRUNSWICK WEST VIC 3055 Phone 0393870189 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 amendmends 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 / CLASSIFCATION / TITLE	
JOB DETAILS	WORKPLACE	SHIFT TIME	
WORK ADDRESS	LEVEL / STREET	SUBURB	POSTCODE
WORK PHONES	LANDLINE	FAX	

EMPLOYMENT DETAILS

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 DATE / /

ACCOUNT HOLDER SIGNATURE / DATE

X DATE / /

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 DATE / /

CARD HOLDER SIGNATURE / DATE