JOIN YOUR UNION TODAY



To receive the vouchers the new member and existing members must remain financial for a minimum period of 3 months from the date of the new member joining.

Promotion open 19<sup>th</sup> August 2024 and closes at midnight 31<sup>st</sup> December 2024

office@cwuvic.asn.au

For additional forms please see your shop steward or email



Authorised by Leroy Lazaro Secretary, CWU Victoria Postal and Telecommunications Branch



## 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 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 MEMBERSHI	<b>PPLICA</b>	<b>FION FOR</b>	MEMBERSHIP
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REFERRED BY

			_			
EMPLOYEE/AGS/ APS NUMBER			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			
Permanent	Casual Fixed-term	Contractor				
_		SIGNATUR	RE			
	5 hours per week					
15 - 25 hours p	per week		DATE	1 1		
Less than 15 h	ours per week					
PAYMENT	METHOD 1 DIRECT	DEBIT FROM BANK / FIN	ANCIAL INSTITUT	ION 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 contri- butions. 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 NUMBE'	BANK	FINANCIAL INSTITUTION NAME		
<b>X</b>	ACCOUNT HOLDER SIGNATURE / D		ACCOUNT HOLDER	DATE / /		
		DEBIT FROM CREDIT / D	EBIT CARD ACCO	DUNI		
CREDIT CARD D				_		
Mastercard				0% DISCOUNT)		
I authorise the CWU Communications Division P&T Branch Victoria to debit my credit card for the amount of my union dues.						

DATE