AUSTRALIAN SERVICES UNION ASU SA + NT BRANCH MEMBERSHIP APPLICATION 2010/2011

| Title: Tick One Mr Mrs Ms Mi | Miss | | | | |
|------------------------------|-----------------------|----------------|----------|--|--|
| First name | Preferred name (if di | Date of birth | | | |
| Home Address (Street) | | | | | |
| Suburb | | State | Postcode | | |
| Email Address | is this Wo | ork OR 🗌 Home? | | | |
| () Work phone | () Home phone | Mobile phone | | | |
| 2. YOUR EMPLOYMENT DETAIL | LS | | | | |

| Name of employer | |
|------------------|--|
| Job title | Department (or section or location or programme or branch) |
| | |

| Location/address | s of your | worksite | (if different froi | n Head Office |
|---------------------|-----------|------------|--------------------|---------------|
| Are you? please tid | ck⁄ 🗌 | Fulltime [| Part time | 🗌 Casual |

3. YOUR AGREEMENT ON JOINING THE ASU SA+NT BRANCH

I agree to become a member of the Australian Services Union, South Australian and Northern Territory Branch and the Amalgamated ASU (SA) State Union. I authorise the ASU to be my representative to conduct negotiations on the terms and conditions of my employment in any Award or Agreement. I further authorise the ASU to be my representative in the settlement of any dispute relating to my employment conditions. I understand that my authorisation remains in force until I revoke it in writing. A member may resign from Union by supplying two weeks notice in writing, signed and addressed to the Branch Secretary. Refunds are considered by application in writing and are at the discretion of the Secretary, where it is clear the Union is at fault.

| ture | T 2010/2011 | | | | D |
|------|------------------------|-------------|-----------|-------|---------|
| leas | e tick √the salary lev | vel you are | currently | paid | |
| ✓ | SALARY | WK | F/N | MONTH | QUARTER |
| I | 0 - 12,500 | 4.95 | 9.90 | 21.45 | 64.35 |
| 2 | 12,501 - 24,000 | 7.20 | 14.40 | 31.20 | 93.60 |
| 3 | 24,001-29,500 | 8.40 | 16.80 | 36.40 | 109.20 |
| 4 | 29,501-36,000 | 9.60 | 19.20 | 41.60 | 124.80 |
| 5 | 36,001-46,500 | 11.40 | 22.80 | 49.40 | 148.20 |
| 6 | 46,501-60,000 | 12.50 | 25.00 | 54.17 | 162.50 |
| 7 | 60,001-71,000 | 13.70 | 27.40 | 59.37 | 178.10 |
| 8 | 71,001 + | 14.80 | 29.60 | 64.13 | 192.40 |

C - PAYMENT METHOD

To pay by...Credit Card go to > C.I OR To pay by Direct Debit go to > C.2

| → C.I | - Y | OUR | CREDIT | CARD | AUTH | IORISATION | J. |
|-------|-----|-----|--------|------|------|------------|----|
|-------|-----|-----|--------|------|------|------------|----|

Type of card? Tick One 🗌 Mastercard 🔄 Visa 🗌 Amex

| Name on Card | | |
|--|------------|-------------|
| - - - - _ Credit card number | _ - | Expiry date |
| Frequency? Please tick the frequency you per deduction | □Monthly | Quarterly |
| X Signature of Cardholder | // Date | |

► C.2 -DIRECT DEBIT AUTHORITY

l/We

Name of customer(s) giving the direct debit request authorise you, Australian Services Union South Australian & Northern Territory Branch, APCA User ID No 063633 to arrange for funds to be debited from my / our account at the financial institution identified below & as prescribed through the Bulk Electronic Clearing System (BECS).This authorisation is to remain in force in accordance with the terms described in the Direct Debit Request Service Agreement overleaf (C..3.).

I / We request that you debit my / our account in accordance with our agreement and subject to the following

| Frequency (please tick one) | □Weekly | □ ▼ *Fortnightly | □Monthly |
|-----------------------------|---------|---------------------|----------|
| | ▶(* | Date of next pay?// | _) |

I / We authorise the following:

I. 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 abovementioned details.

| Name of the financial institution | Branch name |
|-----------------------------------|---------------------|
| Name/s on customer account | |
| - BSB number | Your Account number |
| x | 1 1 |
| | |

Office Use Only
Estab #
Section:
Award:
Grade:
Member Number:
Start:
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Amount:

DIRECT DEBIT
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Please return your completed form to your ASU Organiser ASU Workplace Representative or fax to 08 8363 2225 or post to ASU Member Services, Reply Paid 2217, Kent Town SA 5071. Member Services Queries: 08 8363 1322

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C.3. DIRECT DEBIT REQUEST - Service Agreement

The ASU will instruct financial institutions to debit member's accounts on Monday fortnightly, or the first working day of the month. The ASU will give at least 14 days notice of any permanent changes to the cycles or amount of direct debit.

A request to defer, alter, stop or cancel direct debit arrangements must be made in writing to the ASU and signed by the member, and received by the ASU office no later than 5 working days prior to the next scheduled Direct Debit.

Where a dispute arises between a member and the ASU about payment of direct debits the member shall first put in writing to the Branch Secretary of the ASU the matter(s) in dispute. The Branch Secretary will investigate the matters alleged to be in dispute and will report back to the member concerned as soon as possible. Members are advised that direct debits through BECS may not be available on all accounts.

Please check with your financial institution if direct debit is available from your nominated account. When completing the form please check account details against a recent statement from your financial institution. If the scheduled day for a direct debit run falls on a nonbusiness day, the direct debit will be made on the next business day.

If a member is unsure when the direct debit will be made, they should contact their financial institution directly. Members are advised that it is the responsibility of the member to have sufficient funds in their nominated account by the due date to permit the payment of debit items as per this agreement.

If a direct debit is returned unpaid the member will be charged with the costs incurred by the ASU including costs levied against the ASU by the financial institution and any costs incurred in recovering the unpaid amount(s).

The ASU will not release any information provided on the Direct Debit Request form to any person or institution other than the member who signs the form and the financial institution cited in the form. Members are advised that financial institutions may request from the ASU information about the Direct Debit Request form and direct debits made against the member's account in relation to a claim on the financial institution in the event of an incorrect or wrongful debit.

C.4. AUTHORISATION FOR BANK DETAILS FROM EMPLOYER

I don't have my details, please obtain them from my employer

authorise my employer Name of customer giving the direct debit request to release my bank details to

Employer's name here

I,

the Australian Services Union South Australian & Northern Territory Branch, APCA User ID No 063633 to arrange for funds to be debited from my / our account at the financial institution identified below and as prescribed through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in the Direct Debit Request Service Agreement opposite. (C.3.)

My employer accepts no financial accountability in this transaction. I/we request that my/our account be debited at the frequency indicated below in accordance with the ASU Direct Debit Service Agreement.

I / We request that you debit my / our account in accordance with our agreement and subject to the following Frequency (please tick one) $\Box = *Fortnightly$ ☐ Weekly Monthly ►(*Date of next pay? / /

| X | / | / |
|-------------------------|------|---|
| Signature of customer/s | Date | |

| OFFICE USE ONLY: Employer Supplied Details | |
|---|----------------|
| Name of the financial institution | Branch name |
| Name/s on customer account | |
| - BSB number | Account number |
| | |

| Office Use Only | Estab # | Section: | Award: | Grade: | Member Number: | Start: | Amount: |
|-----------------|---------|----------|--------|--------|----------------|--------|---------|
| DIRECT DEBIT | | | | | | | |