


**APPLICATION FOR MEMBERSHIP TO THE
 TELECOMMUNICATIONS SUB CONTRACTORS ASSOCIATION (TSCA)**

I, the undersigned hereby make application to be admitted as a member of the Telecommunications Sub Contractors Association (TSCA) and undertake to abide by the rules and any amendments thereof, in accordance with the provisions of the rules.

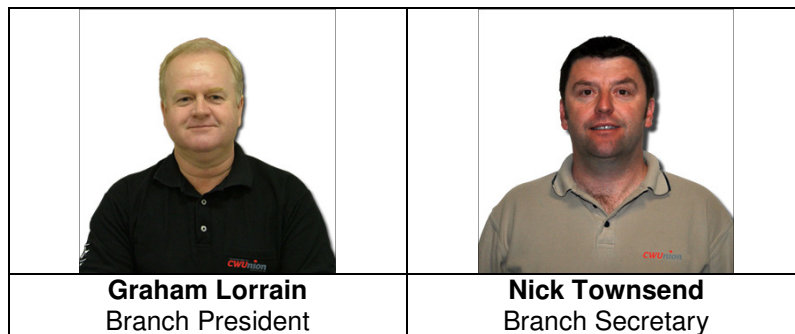
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Post to: Telecommunications Sub Contractors Association C/- CWU SA/NT Branch 312 South Road RICHMOND SA 5033 or Fax to: 08 8152 0568	
First Name						
Family Name						
Home Address						
Suburb			State			Post Code
Primary Contractor						
Company Name (Yours)						
Preferred Email Address					Phone / Mobile:	

How to pay	D/Debit from Bank Account \$50.00 every 2 nd fortnight	Credit Card \$50.00 every 2 nd fortnight	Cash Account \$649.80 per annum	Please tick your preferred method of payment in the appropriate box 
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signature

Date

Please also complete the relevant payment form enclosed



PAYMENT OPTIONS

/ / COMMENCEMENT				
Every 2 nd Fortnight <input type="checkbox"/> (Credit Card / Direct Debit ONLY)		YEARLY <input type="checkbox"/> (Cash payment ONLY)		
OPTION No. 1: DIRECT DEBIT				
<input type="checkbox"/> DIRECT DEBIT				
Details of the Account to be debited		Financial Institutions Information for Direct Debit		
Address				
Suburb		Post Code		
Account in the Name of				
Account Details	BSB	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acco unt No.	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
OPTION No. 2: REGULAR CREDIT CARD PAYMENT				
<input type="checkbox"/> CREDIT CARD				
Please charge my Credit Card:	MasterCard <input type="checkbox"/>	Visa Card <input type="checkbox"/>	Authorisation (back of card) <input type="text"/> <input type="text"/> <input type="text"/>	
Card in the Name of:				
CREDIT CARD NUMBER				EXPIRY DATE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> BY TICKING THE BOX OR SIGNING I HEREBY AUTHORISE AS THE PERSON NAMED ON THIS FORM TO HAVE MY BANK / CREDIT CARD DEBITED BY THE CWU (CEPU)				
Date:.....		Signature:.....		

For any membership enquiries please contact:

Communication Workers Union

Office: 08 8443 7389

Fax: 08 8152 0568

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