

PAYMENT METHODS

PLEASE COMPLETE ONE OF THE FOLLOWING PAYMENT METHODS.

CREDIT CARD AUTHORITY VISA MASTERCARD

Card number _____

Expiry date ___ / ___

4-weekly Quarterly Yearly

I authorise the CWU SA/NT to debit my credit card account described in the schedule above, the amount of my Union dues as determined by the Rules of the Union. I acknowledge that my Union dues may vary from time to time and that I may either cease or change the frequency of future debits by prior arrangement with the Union.

Signature _____ Date ___ / ___ / ___

BANK ACCOUNT AUTHORITY

BSB number _____ - _____

Account number _____

Account name _____

4-weekly Quarterly Yearly

I authorise the CWU SA/NT (User ID No. 064088) to debit my Bank/Credit Union/Building Society account for the amount of my union fees at the FREQUENCY I HAVE SPECIFIED ABOVE. I acknowledge that my union dues may vary from time to time and authorise the Union to vary the amount of withdrawal in accordance with the rates of contribution as determined by the rules of the Union. I also acknowledge that I may cease any future debits from my account by prior arrangement with the Union.

Signature _____ Date ___ / ___ / ___

PAYMENT BY ACCOUNT

The CWU SA/NT will send you an account for the amount of your Union dues, as determined by the Rules of the Union, at intervals nominated by you below. The account can either be paid by credit card using the tear-off section on the bottom of the account or cheque using the enclosed envelope or by cash at the Branch Office.

Quarterly 12-monthly

Signature _____ Date ___ / ___ / ___

PAYROLL DEDUCTIONS - AUSTRALIA POST ONLY

I hereby authorise Australia Post, its duly authorised servants and agents to deduct \$_____ each fortnight from my salary/wages to be paid to CWU SA/NT BRANCH.

The amount to be deducted may be varied by the above CWU SA/NT BRANCH in accordance with revised rates of contribution. All payments made on my behalf in accordance with the Authority shall be deemed to be payments by me personally. This Authority shall remain in force until revoked by CWU SA/NT BRANCH or cancelled by myself in writing.

In consideration of this deduction being made, I indemnify the abovementioned employee and employees thereof against any failure to make deductions and remittances as authorised herein.

Dated this _____ day of _____ 20 _____

Signature _____

Designation _____

Work Address _____

Work Telephone _____ APS Number _____

Old rate \$ _____ New rate \$ _____

Certified by CWU SA/NT Branch _____



your voice, your union.

BENEFITS OF MEMBERSHIP

cwUnion Rates of pay and allowances negotiated

cwUnion Protection of award negotiated by the Union and registered in the Arbitration Commission as voted on by the Union membership

cwUnion *FREE* Journey Cover - applies on your way to and from work and during an authorised employer meal break

cwUnion Superannuation (TelstraSuper) - Graham Lorrain, CWU representative on the board

cwUnion Free financial advice from Goldsbrough Financial Services

cwUnion Legal advice from our solicitors, Tindall Gask Bentley including:

- ⑩ Work injuries
- ⑩ Motor accident compensation
- ⑩ Dust diseases
- ⑩ Injuries in public places
- ⑩ Medical negligence
- ⑩ Family and divorce
- ⑩ Wills and estate planning
- ⑩ Criminal and road traffic law
- ⑩ Commercial and property

cwUnion Access to the Ambassador Card program of vouchers and discounts, offering a wide range of savings and special deals at a selection of restaurants, motels, leisure centres and cinemas throughout Australia. It is a savings card allowing you to save many dollars off your bill or ticket.

cwUnion ME Bank was created to give members of industry super funds lower cost banking and better service

SERVICES YOU CAN ACCESS THROUGH THE CWU



GOLDSBOROUGH
FINANCIAL SERVICES
LISTEN | RESPOND | DELIVER



APPLICATION FOR MEMBERSHIP

(Office use only - Membership no: _____)

Application by Mr Mrs Ms Miss (please circle)

Surname (Block letters) _____

First names _____

Address _____

Suburb _____ Post code _____

Phone (H) _____ (M) _____

Email (H) _____

Email (W) _____

Date of birth ___/___/___

Member category Postal Telecommunications TSCA

Employee No. _____ Full time Part time Casual

Employer _____

Designation _____

Work location _____

I, the undersigned, hereby agree to become a member of the Communications Workers Union (CWU) and I promise to pay the union fees as stipulated by the CWU. I pledge myself to comply with the Rules of the CWU and to any amendments or additions which are legally made to such Rules. I understand resignations MUST be made in writing, bearing my signature and in accordance with such Rules.

Date ___/___/___

Signature of Applicant _____

Signature of Witness _____