communication workers union
CWUnion
Western Australia

CEPU Communications Division
Western Australia Branch

Return via
Post: PO Box 8354 Perth BC PERTH WA 6849
Fax: 08 9227 9397
Email: eba@cwuwa.org

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

ABORIGINAL ☐ **TORRES-STRAIT ISLANDER** ☐

EMPLOYMENT ARRANGEMENT

Permanent ☐ **Casual** ☐ **Fixed-term** ☐ **Contractor** ☐

☐ **Greater than 25 hours per week**

☐ **15 - 25 hours per week**

☐ **Less than 15 hours per week**

I hereby make application to become a member of the CEPU Communications Division, Western Australia Branch (CWU WA), and I pledge myself to comply with the rules of such a Union and any amendments or additions which may be legally made to such rules.

X SIGNATURE

DATE / /

PAYMENT METHOD 1 DIRECT DEBIT FROM BANK / FINANCIAL INSTITUTION ACCOUNT

CUSTOMER'S AUTHORITY

I / WE FULL NAME(S) OF ACCOUNT HOLDER(S)

Authorise and request the CEPU Communications Division, Western Australia, APCA User ID 025934, 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 and to vary the amount from time to time in accordance with the rates of contribution as per the registered rules of the Organisation. I / We also authorise the Debit User to verify the details of the below account with my / our financial institution and for the financial institution to release information allowing the Debit User to verify the below 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** ☐ **BI-ANNUALLY** ☐ **ANNUALLY** ☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ CARD NUMBER

☐☐/☐☐ EXPIRY DATE

I hereby authorise CEPU Communications Division, Western Australia, to debit the abovementioned card with the amount prescribed in accordance with the Rules of the Organisation and at the intervals specified above. The authority shall stand, in respect of the above specified card and in respect of any card issued to me in renewal or replacement thereof, until I notify the CEPU in writing of its cancellation.

CARD HOLDER FULL NAME

X DATE / /
CARD HOLDER SIGNATURE / DATE