

APPLICATION FOR MEMBERSHIP

I, the undersigned, hereby apply to become a member of UNITE, and I pledge myself to comply with the rules of such union and any amendments or additions which may be legally made to such rules.

First Name

Surname

Residential Street Address

Suburb State P/code

Postal address if different

Suburb State P/code

Email Address

Home Telephone

Mobile Telephone

Male Female Date of Birth / /

Occupation

Employer

Employer Address

Suburb State P/code

Work Telephone

Signature

Date / /

Have you previously been a UNITE member? Yes No

I work an average of hours per week.

As a UNITE member I will pay \$ per week.

(Refer to table on back for membership rates)

SEND YOUR COMPLETED FORM TO:
UNITE PO Box 925 Nth Melbourne Vic 3051

BANK AND FINANCIAL CO-OPERATIVE DIRECT DEBIT AUTHORISATION

Date:

Surname I/We

Given Names

Request you until further notice in writing, to debit my/our account described in the schedule below any amounts which UNITE (User I.D. No. 320783) may debit or charge me/us through the Direct Debit System.

I/We understand and acknowledge that:

1. The Financial Institution may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this Request of any authority or mandate.

2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this Request as to future debits.

Signature/s

(If joint account, all signatures may be required)

Name of Financial Institution at which your account is held:

The Schedule

Account Name

BSB Number

Account Number

OFFICE USE ONLY:



UNITE

THE FIGHTING UNION
FOR FAST FOOD &
RETAIL WORKERS

**HAD ENOUGH OF
LOW PAY,
IRREGULAR HOURS,
BAD WORKPLACE SAFETY &
BOSSES PUSHING YOU AROUND?**

**DON'T PUT UP WITH IT
FIGHT BACK. JOIN UNITE**

THE FIGHTING UNION FOR FAST FOOD & RETAIL WORKERS

