Want better pay and conditions?





Have your say complete the survey today!





Laverty EBA Survey



YES! I would like to join the Health Services Union



Contact Details	Employment
Full Name:	Workplace:
	Job title:
Date of Birth:	If you have a second Job:
Gender: Man Woman Other	Workplace:
Phone:	Job title:
Email:	Who signed you up?
Address:	Name:
By signing this membership form, you agree to the terms and conditions of HSU membership and our privacy policy which can be accessed via www.hsu.asn.au and you consent to us collecting, using, holding and disclosing your information as detailed therein. If you do not consent to any aspect of our privacy policy as it applies to you, please notify the HSU via email, info@hsu.asn.au Direct Debit Request: Please debit my Bank Account OR Credit Card Please enter 'x' for your preferred option	
\$22.20 Fortnightly \$48.10 Monthly Your request and authorise HSU (user ID No. 017797) / HSU NSW Branch (user ID No. 428556) to arrange HSU / HSU NSW Branch has deemed payable by you. You acknowledge that you may be charged a pro rate through the Bulk Electronic Clearing System (BECS) from your nominated account below as	First payment date: // // // // // // // // // // // // //
Bank Account Details	
Name of account holder:	
BSB Number: Account N	
	lumber:
0	
Credit Card Payment: Please enter	R
Credit Card Payment: Please enter	R