

# IMPROVE ALLOWANCES

The HSU campaign to fix the broken Awards system and lift the unfair wages cap is kicking into gear!

With the input of thousands of members, the HSU has now developed a list of demands to take to the NSW Government.

As a next step, we need you to endorse the HSU demands by scanning the below QR code. Our campaign will only succeed if we are all singing from the same song sheet.



**AN AWARD THAT  
PROMOTES A SAFE  
WORKPLACE  
THROUGH SAFE  
STAFFING LEVELS,  
MODERN PRACTICES  
AND AMENITIES,  
AND ANTI-BULLYING  
POLICIES**

Join the HSU, [www.hsu.asn.au/join](http://www.hsu.asn.au/join) or call 1300 478 679

Phone: 1300 478 679 Fax: 1300 329 478 Email: [info@hsu.asn.au](mailto:info@hsu.asn.au)

Authorised by: Gerard Hayes - Secretary HSU NSW/ACT/QLD





# Health Services Union

Level 2, 109 Pitt Street  
Sydney, NSW 2000

Phone: 1300 478 679  
Fax: 1300 329 478

Web: [www.hsu.asn.au](http://www.hsu.asn.au)  
E-mail: [info@hsu.asn.au](mailto:info@hsu.asn.au)

Twitter: <https://twitter.com/hsunsw>

facebook: <https://www.facebook.com/HealthServicesUnionNSW>

ABN 85 037 751 682

## I wish to become a member of the HSU New South Wales Branch and Health Services Union

Surname:  Given Name(s):

DOB:  Occupation/Classification:

Worksite:

Employment Status (please tick  one box below): Department / Ward

What is your Award Classification?

Full Time  Part Time  Casual  Hours worked per week

Home Address:

Postcode:

\*E-mail:

Home Phone:  Mobile:

Work Phone:

Signature:

Date:  /  /

HSU Delegate Name:

HSU Delegate Membership No:

By signing this membership form, you agree to the terms and conditions of our privacy policy, which can be accessed at <http://www.hsu.asn.au/privacy-policy/> 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 Privacy Officer in writing attention to Privacy Officer - HSU Locked Bag 3 Australia Square NSW 1215

Payment Method: **Direct Debit Request**

Please debit my Bank/Credit Card account

Fortnightly

Please start my Fortnightly Debit on  /  /  (day/month/year)

Monthly

All Monthly debits occur on the first of every month.

*Note: where your debit day (fortnightly / monthly) falls on a public holiday, your account will be debited on the next business day*

I request you, until further notice in writing, to debit my/our account described in the schedule above, any amount which HSU (user ID No. 017797) / HSU NSW Branch (user ID 428556) may debit or charge me through the Direct Debit System.

### ORGANISER REMARKS / NOTES

### Bank Account Details - Name of the account holder (Schedule)

Surname:  Given(s):

BSB Number:  Account Number:

Name of Financial Institution:

### Credit Card Payment

Please charge my; Mastercard  Visacard  American Express

Card No:

\$

Expiry Date:  /