



ABN 850 3775 1682

Health Services Union

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Sydney, NSW 2000

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Web: www.hsu.asn.au
E-mail: info@hsu.asn.au

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

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



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:

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: /

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.

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

ORGANISER REMARKS / NOTES