

RECRUITER INFORMATION	Campaign Code	Name
Member No.		

I, the undersigned, hereby apply to join the Community and Public Sector Union/ State Public Services Federation Group (CPSU/SPSF) Victorian Branch (or being a member, change my payment method) and agree to comply with the rules and bylaws of the Union.

Title	Given Names																			
Surname																				

Private Address

Suburb/Town	Postcode
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Home Tel.	Gender	Birth Date	/	/
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Mobile	Work Tel.	Work Fax
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Employer/Dept.	Work/Unit
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Work Address

	Floor	Postcode
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VPS Employment Start Date	Annual Salary
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Job Title	Classification
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*E-Mail

*E-mail address used to send regular newsletters

Alternative Email

On what basis are you employed? Full time Part time Casual

Are you an Aboriginal/Torres Strait Islander? Yes No

Signature	Date	/	/
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In order to resign from the Union a member must deliver to the Branch Secretary a notice of resignation in writing, such notice to take effect at the end of two weeks after the notice is received by the Union.



Community & Public Sector Union
SPSF Group • Victorian Branch

SEND TO: PO BOX 24233 MELBOURNE 3001
FAX TO: (03) 9662 4591
PHONE: (03) 9639 1822 or 1800 810 153
EMAIL: enquiry@cpsuvic.org

New Member Levy

The above subscription rates include, the New Member Levy of \$1.00 per week + GST applies to members joining after 1 July 2013, for the first 12 months, then falls to 50cents a week + GST.

PRIVACY STATEMENT: CPSU/SPSF Group Vic Branch complies with the provisions of the Commonwealth Privacy Amendment (Private Sector) Act 2000. The information on this form is used to enable the union to contact you about matters relating to your union membership and to ensure that we have the necessary information to represent your employment and related interests. A full Privacy statement is available to members on request.

PLEASE SELECT A PAYMENT FREQUENCY
Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>
Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/>

SUBSCRIPTION RATES Please tick any which apply <input checked="" type="checkbox"/> (GST Inc.) Note: GST is 1/11th of total subscriptions. Receipts are available on request		
SALARY SCALE	ANNUAL RATE	FORTNIGHTLY
<input type="checkbox"/> Less than \$25,001	\$270.40	\$10.40
<input type="checkbox"/> \$25,001 - \$50,827	\$500.50	\$19.25
<input type="checkbox"/> \$50,828 - \$66,698	\$703.30	\$27.05
<input type="checkbox"/> \$66,699 - \$82,573	\$743.60	\$28.60
<input type="checkbox"/> \$82,574 - \$95,274	\$786.50	\$30.25
<input type="checkbox"/> \$95,275 - \$116,862	\$833.30	\$32.05
SALARY SCALE	ANNUAL RATE	FORTNIGHTLY
<input type="checkbox"/> \$116,863 and greater	\$878.80	\$33.80
<input type="checkbox"/> Executive Officers	\$926.90	\$35.65
<input type="checkbox"/> Retired Officers Div.	\$45.00 per annum	
<input type="checkbox"/> Associate Member	\$46.00 per annum	
<input type="checkbox"/> Leave without pay	\$5.75 per quarter	(\$23.00pa)

(Rates apply 1st July 2018 to 31st December 2018)

UNION FEES ARE TAX DEDUCTIBLE

Please Select Payment Option **1, 2, 3** below

1. INVOICE Tick Here CPSU will email regular invoices. Invoices can be paid by CASH, CHEQUE, CREDIT CARD or BPAY®
 Send invoice to postal address

2. DIRECT DEBIT Tick Here

to The Manager (Insert name in Full) Date / /

I/We

Given Names	Surname
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Request that you, until further notice in writing, debit my/our account described in **The Schedule** below with the membership fees which the Community & Public Sector Union / SPSF Group Victorian Branch - User Id # 502574, may debit or charge me/us (as determined by Branch Council in accordance with the CPSU rules), through the Direct debit System.

- I/We have read and understood the "Service Agreement" below and acknowledge and agree to it.
- I/We request this Arrangement to remain in force in accordance with The Schedule described below and in compliance With the "Service Agreement" below.

The Schedule - Yes, make me a CPSU/SPSF Vic Branch financial member, please debit my bank/financial institution account or my credit card. I understand the debiting will occur from the account nominated below

Name of Bank or Financial Institution:
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Name under which Account is Held:

Branch Name and Address:

BSB Number:	*Account Number:
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(Branch/Sub Branch Number - Obtainable from Bank)

Note: * This is different from the number on your plastic card
* Many passbook accounts cannot use direct debiting

Signature(s):

SERVICE AGREEMENT -

- CPSU/SPSF Group Vic Branch (the "Debit User") will debit the BSB/ Account nominated in The Schedule of this Direct Debit Request as specified.
- The direct Debit User will give not less than 14 days written notice to the Customer should it propose to vary the arrangements of this Direct Debit Request.
- The Customer(s) may request the Debit User to defer or alter the payment amount specified in the Schedule of this Direct Debit Request. Customer(s) may change the Frequency of payment, or the payment amount in accordance with CPSU/SPSF Group Vic Branch rules.
- In compliance with the industry's Direct Debit Claims Process, the Debit User will assist customer(s) disputing any payment amount drawn on the nominated BSB/Account in The Schedule of this Direct Debit Request. The Debit User will endeavor to resolve this matter within the industry agreed time frames. Customer(s) may visit any branch of their bank and complete a "Direct Debit System Claim Request" form to initiate the process.
- The Debit User advises that some Financial Institution accounts do not facilitate direct debits and as such the customer(s) must check with their Financial Institution (Ledger FI) to ensure the account nominated in The Schedule of this Direct Debit Request enables direct debiting.
- It is the customer(s) responsibility to ensure at all times there is sufficient funds available, at the due date of debit drawing, to enable payment from the BSB/Account as nominated in The Schedule of this Direct Debit Request.
- The Debit User advises the debit drawing will be made in accordance with CPSU Rules and as determined or changed from time to time by Branch Council.
- Customer(s) who wish to cancel this Direct Debit Request must notify the Debit user in writing not less than 7 days before the next scheduled debit drawing. This request may be directed to the Debit User or to their Ledger FI for actioning.
- The Debit user requests the Customer(s) to direct all enquiries, disputes requests for payment or cancellations directly to the Debit User.
- The Debit User agrees to keep confidential all customer(s) records and account details contained in The Schedule of this Direct Debit Request unless authorised to release such information pursuant to a debit item dispute or similar event where the customer(s) has provided prior consent to do so, or unless relevant statutory obligations require such information to be released.

3. CREDIT CARD Tick Here For Ongoing Direct Debit Payments Tick Here For Once Off Payment, Then Invoice

Credit Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please Tick:- Mastercard Visa

Signature(s):	Card Expiry Date:	/	/
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Please ensure that you have included your signature in either section 2 or 3. Membership applications cannot be processed without a signature in one of these payment options. Please note that for direct debiting, a BSB number and Account number must be provided.