

WIN 2 FREE MOVIE TICKETS!

WHEN YOU JOIN UP A NEW HACSU MEMBER THIS SUMMER*



AND INSTANTLY GO IN THE DRAW TO WIN:

8gb iPod Touch



\$200 Coles Gift Cards



So why not join up a work mate today? It is only through the participation of members that we as a union can continue to work on issues that are important to members and improve our working conditions.

fill in your details below and attach to a completed membership form to receive your two free movie tickets and instantly go in the draw to win 1st prize 8gb iPod Touch or 2nd prize \$200 Coles Gift card*.

Name

Membership No

Address

Employer

Worksite

New HACSU member name

*Terms and conditions apply. For further information call HACSU assist on 1300 880 032 or visit our website at www.hacsu.org.au Competition closes 30/04/2010
Authorized by HACSU State Secretary, Chris Brown, December 2009.

HACSU
Health and Community Services Union

MEMBERSHIP APPLICATION FORM

PAYMENT AUTHORITY

The Health and Community Services Union is registered under the Fair Work Act 2009 as the Health Services Union, Tasmania No.1 Branch. I hereby apply to become a member of the Health Services Union, Tasmania No.1 Branch. I declare I will abide by the rules of the union.

Title:
(eg. Mr, Mrs, Ms, Miss)

Given names:

Family name:

Postal address:

Town or suburb:

Home phone:

Work phone:

Mobile phone:

Home email address:

Work email address:

Employer 1

**Worksite/
Dept.**

Employer 2

**Worksite/
Dept.**

Occupation:

Employment status:

Date of birth:

Postcode

Postcode

Postcode

Postcode

Postcode

Postcode

Postcode

Full-time Part-time Casual Other

Average number of hours/week

I hereby declare that by becoming a member of the Health and Community Services Union, I appoint the Union as my representative, including bargaining representative, under the Fair Work Act 2009.

Signature

Were you signed up by a current HACSU member?

If yes, please write name of that member:

Complete the following details to arrange regular deductions from your bank or credit union:

I/we authorise the Health Services Union, Tasmania No.1 Branch (ABCA User IC Number 025894) to arrange for funds to be debited from my/our account at the financial institution identified below as prescribed below through the Bulk Electronic Clearing System (BECS).

These drawings are for union membership dues as determined by the Branch Committee of Management in accordance with Union rules.

This authorisation is to remain in force in accordance with the terms described in the Health Services Union Service Agreement.

I/we authorise the Debit User to verify the account details with my/our Financial Institution. I/we also authorise the Financial Institution to release information allowing the Debit User to verify my account details.

Details of account to be debited - Fill out only ONE section

EITHER

Name of financial institution:

Account holder name:

BSB number:

Account Number:

Signature/s:

Date:

OR

I authorise my employer to release my financial institution account details, including any changes from time to time, to HACSU so that direct debit of union dues can be arranged from my account. I recognise that my employer has no financial accountability in this transaction.

Signature/s:

Date:

If you are a Nurse, Health Professional, Ambulance Officer, or Personal Carer this section MUST be completed.

MALPRACTICE LIABILITY AND LEGAL BENEFITS INSURANCE

I, the undersigned, being a financial member of the Health Services Union, Tasmania No.1 Branch, hereby give notice that I appoint the said Union as my agent for the purposes of giving and acceptance of notices in respect of Malpractice Liability and Legal Benefits Insurance in accordance with the Insurance Contracts Act 1984 and its Regulations. I also undertake to report circumstances or claims made against me as soon as possible to the said Union.

Signature:

Date: