

WAPOU

W A P r i s o n O f f i c e r s ' U n i o n

MEMBERSHIP APPLICATION FORM

SURNAME	GENDER	DOB
TITLE	GIVEN NAME/S	PREFERRED NAME
RESIDENTIAL ADDRESS		
POSTAL ADDRESS		
BEST CONTACT #		
PERSONAL EMAIL		

EMPLOYMENT INFORMATION

TRAINEE CLASS #	JOB TITLE	EMPLOYEE #
(TRAINEE ONLY) DATE COMMENCED TRAINING		
DATE COMMENCED WORK		
PRISON POSTING		
WORK EMAIL	@JUSTICE.WA.GOV.AU	

EMERGENCY CONTACT INFORMATION

FULL NAME	RELATIONSHIP TO YOU
ADDRESS	
BEST CONTACT #	

NOMINEE TO RECEIVE BENEFITS (FUNERAL BENEFIT)

FULL NAME	RELATIONSHIP TO YOU
ADDRESS	
BEST CONTACT #	

ACCOUNT DETAILS / DIRECT DEBIT REQUEST

I authorise and request the WA Prison Officers' Union of Workers (USER ID 410428), until further notice, to arrange for my account (as described below) to be debited with my union subscription (and / or other amounts according to the Service Agreement section 14) through the Bulk Electronic Clearing System (BECS).

ACCOUNT NAME

FINANCIAL INSTITUTION

BRANCH LOCATION

BSB #

ACCOUNT #

SIGNATURE OF APPLICANT

I / We authorise and request that this Direct Debit Request remain in force until cancelled, deferred, or otherwise altered in accordance with the Service Agreement. I, the undersigned, hereby declare that the information herein, to the best of my knowledge, is true & correct. I / We have read the Service Agreement and agree to its terms.

PRIVACY: WAPOU are bound by the provisions of the Privacy Act 1998. Information is collected to enable the Union to contact you about matters relating to your membership and to ensure that we have the necessary information to represent your employment and related interests.

Under section 63 of the Industrial Relations Act 1979 – It is a requirement for the Union to keep this information current – Please notify WAPOU of any changes

PRINT NAME

SIGNATURE

DATE
