

MEMBERSHIP APPLICATION FORM

Under Section 63 of the Industrial Relations Act 1979, it is a mandatory requirement for the Union to keep this information up to date on file. Please notify the Union Office if any of your details change.

APPLICANT INFORMATION

| | | | |
|----------------------|-----|--------------|---|
| Surname: | | Other Names: | |
| Pref. Name: | | Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of birth: | / / | Home Phone: | |
| Residential Address: | | | |
| Suburb / Town: | | Post Code: | |
| Postal Address: | | | |
| Suburb / Town: | | Post Code: | |
| Personal Email: | | | |

EMPLOYMENT INFORMATION

| | | | |
|-------------------|--|-----------------|-----|
| Trainee Class No: | | Workplace: | |
| Employee Number: | | Date Commenced: | / / |
| Work Phone: | | Job Title | |
| Work Email: | | | |

NEXT OF KIN / EMERGENCY CONTACT

| | | | |
|----------------|--|---------------|------------|
| Full Name: | | Relationship: | |
| Address: | | | |
| Suburb / Town: | | State: | Post Code: |
| Contact Phone: | | Mobile: | |

NOMINEE TO RECEIVE BENEFITS IF NOT NEXT OF KIN

| | | | |
|----------------|--|---------------|------------|
| Full Name: | | Relationship: | |
| Address: | | | |
| Suburb / Town: | | State: | Post Code: |
| Contact Phone: | | Mobile: | |

DIRECT DEBIT REQUEST

I / We 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 in the name of: | |
| Financial Institution: | Branch: |
| BSB: | Account #: |

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 is, to the best of my knowledge, true and correct.

I / We have read the Service Agreement overleaf and agree to its terms.

| | | | |
|-------------------------|--|-------|-----|
| Signature of applicant: | | Date: | |
| | | | / / |

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.