



**COMMUNICATIONS
ELECTRICAL
PLUMBING
UNION**

Application for Membership

First Name

Family Name

Home address

Suburb

State Postcode

Home telephone

Gender Female Male

Date of Birth

email address

Employer

Permanent Casual Part-time

Position Title

Employee or AGS No.

Work address

Suburb

State Postcode

Work telephone

Work Fax

I, the undersigned, hereby make application to be admitted as a member of the Communications Electrical Plumbing Union (CEPU) and undertake to abide by the Rules and By-Laws and any amendments thereof, made in accordance with the provisions of the Workplace Relations Act, and registered thereunder.

Signature

1 Request for Direct Debit from Bank/Credit Union

To the Manager,

Name and branch of institution

Your AGS or Employee Number

Date

Schedule:
(NOTE: Direct Debiting is not available on the full range of accounts.)

I/we,
request you, until further notice in writing, to debit to my/our account, described in the schedule below, any amounts which the CEPU, NSW Telecommunications & Services Branch (ID no. 000654) may debit or charge me/us through the Direct Debit System.

Account title

Bank/State/branch No.: (banks only)
OR Financial Institution no.

I understand and acknowledge that:

Account no.

- (1) The bank/financial institution may in its absolute discretion determine the order of priority of payment by it of any moneys pursuant to this request or any authority or mandate.
- (2) The bank/financial institution may in its absolute discretion at any time by notice in writing to me/us terminate this request as to future debits.
- (3) The user may, by prior arrangement and advice to me/us vary the amount and frequency of future debits

Signature(s)

Your Address

Designation

2 Request for Credit Card Debit

Name

Address

AGS No.

Designation

Home Tel. Work Tel.

I, (please print) authorise the CEPU NSW Telecommunications & Branch to debit my credit card for the amount of my union dues, which will be charged on a monthly basis.

Card Type Bankcard Mastercard Visa Expiry Date

Amount
\$

Card Number

Signature

Please return to: CEPU NSW Telecommunications and Services Branch
2nd Floor, 741 George Street, SYDNEY NSW 2000 (02) 9281 2811
Note: original is required (please return by mail)