

CSR, HOLCIM, WILMAR, and VIRIDIAN STAFF ASSOCIATION

known as

SALARIED STAFF UNITED

Membership Application

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 EMAIL: support@salariedstaffunited.zohodesk.com.au

PO Box 292 NARANGBA QLD 4504
www.salariedstaffunited.com.au

To the Executive Council of Salaried Staff United

I, the undersigned, being an eligible salaried employee of _____ hereby apply to be admitted as a member of Salaried Staff United and I agree to observe and be bound by the rules of Salaried Staff United for the time being and all regulations validly made thereunder.

APPLICANT DETAILS

Note: This is a digitally editable form.
 If you need a paper form to complete please download the printable version

Title	Type title here if not listed			
First Name		Last Name		
Street Address				
Suburb		State	Postcode	

Company	Employee No.	
Employee Position		
Business Unit		
Work Group/Location		
Start Date with Company	Work State	
Phone - preferred	Phone - Alternate	
Email - preferred		
Email - alternate		

AUTHORITY FOR SUBSCRIPTION PAYMENTS

CHECK ONE (1) BOX ONLY (Salary deduction is default)	Select either Payroll Deduction or one of the Invoice options
<p>Payroll Deduction I hereby authorise and direct my Employer, _____ Payroll to deduct from my salary and pay to Salaried Staff United my membership subscription fee based on my relevant pay period: Currently \$30.00 per month or \$13.85 per fortnight or \$6.92 per week (<i>Total \$360.00 per annum including GST</i>) (amount may change as and when advised by SSU)</p>	

OR Invoice: Annual or Quarterly or Monthly

INVOICED PAYMENT INSTRUCTIONS
 I agree to make subscription payments upon receipt of SSU invoice in accordance with the instructions below

Where the option to pay on invoice has been selected on this application, an SSU invoice will be issued to the applicant in accordance with SSU Rules. Membership subscription will be invoiced for payment in advance and pro-rata to the end of the current financial year or period as per the Applicant's selection.
 Annual invoices will be issued thereafter on the 1st of June.
 Monthly and Quarterly invoices will be issued prior to the commencement of the new period.
 Where an applicant requires immediate support for an existing issue, payment will be invoiced for an amount as per the Association Rules.

This authority shall remain in force until either it is cancelled by me in writing or I notify the Secretary Salaried Staff United in writing that I no longer want to be a member. I acknowledge that my employer, _____ shall not be responsible for the application of such monies by Salaried Staff United.

If you are unable to add your ink or digital signature, please type name and date

Date: _____ Signature: _____