



# Membership Application

TELEPHONE: (07) 3667 7477

EMAIL: support@salariedstaffunited.zohodesk.com.au

To the Executive Council

I, the undersigned, being an eligible salaried employee of CSR, Holcim, Wilmar, Sugar Australia, Oceania or Viridian, 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 (USE BLOCK LETTERS)** Printable form for handwriting

Title	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Mr <input type="checkbox"/>	Other, (please State)	
First Name				Last Name		
Street Address						
Suburb				State		Post Code
Employer Company					Work State	
Employee Number			Position			
Employment start date			Business Unit			
Work/Group location						
Email Preferred				Phone Preferred		
Email Alternate				Phone Alternate		

## AUTHORITY FOR SUBSCRIPTION PAYMENTS (Please tick one option only)

**Payment by Salary Deduction**

I hereby authorise and direct my Employer, CSR / Holcim/ Oceania / Sugar Australia / Wilmar / Viridian (cross out inapplicable) to deduct from my salary and pay to Salaried Staff United my membership subscription fee based on my relevant pay period: Currently \$30 per month/ \$13.85 per fortnight or \$6.92 per week (Total \$360 p/a incl GST) (Amount may change as and when advised by SSU)

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 above shall not be responsible for the application of such monies by Salaried Staff United.

**OR**

**Payment on Invoice**

I agree to make payments on receipt of 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 selected period. Where an applicant requires immediate support for an existing issue, payment will be invoiced for an amount as per the Association Rules.

Annual

**OR**

Quarterly

**OR**

Monthly

Date \_\_\_\_\_

Signature \_\_\_\_\_