



# COMMUNICATIONS ELECTRICAL PLUMBING UNION

## NSW Postal & Telecommunications Branch

ABN: 81 643 762 631

Address: Level 3, 81 George Street Parramatta Mail: PO Box 250 Parramatta NSW 2124

Phone: (02) 9893 7822 Fax: (02) 9893 7396 Email: admina@cepu.org Web: www.cepu.org

**FINANCIAL OBLIGATION:** Members are required to pay membership fees and levies (if any). CEPU may sue to recover unpaid monies.

**RESIGNATION:** You may resign from CEPU by written notice to the Branch Secretary. If you are no longer eligible to be a CEPU member, your resignation will take effect on the day the resignation is received, or on any later date specified in the resignation. Else, your resignation will take effect 14 days after the resignation is received, or any later date specified in the resignation. You remain liable for any dues until a resignation takes effect.

**PRIVACY STATEMENT:** CEPU is bound by the Privacy Act. Information is collected to enable CEPU 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. If you do NOT wish to receive any communications not related to the CEPU and your employment, please tick this box.

### Application for Membership

ASKED TO JOIN BY (FULL NAME)

EMPLOYEE / APS / AGS NUMBER	TITLE	
	MR / MRS / MS / MISS	
NAME:	SURNAME	GIVEN NAMES
		DATE OF BIRTH
HOME ADDRESS:	STREET	SUBURB
		POSTCODE
HOME PHONE:	LANDLINE	MOBILE
EMAIL:	PLEASE USE BLOCK LETTERS ONLY	
WORK DETAILS:	EMPLOYER NAME	DESIGNATION / CLASSIFICATION
JOB DETAILS:	WORKPLACE	SHIFT TIME
WORK ADDRESS:	LEVEL / STREET	SUBURB
		POSTCODE
WORK PHONE:	LANDLINE	FAX NUMBER

I hereby make application to be a member of the CEPU NSW Postal & Telecommunications Branch and if accepted, agree to conform to the rules and any amendments thereof

#### EMPLOYMENT ARRANGEMENT

Permanent  Casual  Fixed Term  Contractor

- More than 25 hours per week
- 15 – 25 hours per week
- Less than 15 hours per week

SIGNATURE: \_\_\_\_\_

DATE / /

### Payment Option 1 – Direct Debit from Bank / Credit Union / Building Society Account

Customer's Authority

I / WE

NAME(S) OF ACCOUNT HOLDERS

Authorise CEPU NSW Postal & Telecommunications Branch APCA User ID 064116 until further notice in writing to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in the 'Service Agreement' (the rules of CEPU). I/We understand that the User may, by prior arrangement and advice to me/us, vary the amount of future debits in accordance with CEPU rules.

Details of the account to be debited:

Name of the Financial Institution

SIGNATURE \_\_\_\_\_ DATE / /

BSB number

Account number

SIGNATURE \_\_\_\_\_ DATE / /

(If joint account both signatures may be required)

Bank/Credit Union accounts are debited fortnightly

### Payment Option 2 – Automatic Deduction from Credit Card

Credit Card details:

Mastercard  Visa

Card No:

Card number input fields

Expiry date:

Expiry date input fields

I authorise CEPU NSW Postal & Telecommunications Branch to debit from my credit card the amount of my CEPU dues, and future dues as prescribed from time to time under the rules of CEPU. This authorisation is to remain in force until revoked by CEPU or cancelled by me in writing.

Name on Card

Frequency:

- Every 3 Months  
Jan, April, July, Oct
- Every 6 Months  
Jan, July
- Yearly (10% Discount)  
July

SIGNATURE \_\_\_\_\_

Signature of Card Holder