

APPLICATION FOR MEMBERSHIP & DIRECT DEBIT AUTHORITY



AUSTRALASIAN MEAT INDUSTRY EMPLOYEES UNION
(NEWCASTLE & NORTHERN BRANCH)
34 Union Street Newcastle
PO Box 2263 DANGAR NSW 2309
Fax: (02) 4929 5401

Being an Industrial Union of employees registered under the Industrial Relations Act 1996 as amended AND Being registered under the Workplace Relations Act 1996 as amended.

I, the undersigned apply for membership of the Australasian Meat Industry Employees' Union, Newcastle & Northern Branch and pledge myself to loyally abide by its Rules and any amendments that may be made hereafter.

Name of Member:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address of Member:	<input type="text"/>	Phone Number:	<input type="text"/>
<input type="text"/>	Post Code: <input type="text"/>	Mobile Number: (if applicable)	<input type="text"/>
Email address: (if applicable)	<input type="text"/>		

Employed by: (insert company name or name of employment agency)	Employer Location:
<input type="text"/>	<input type="text"/>
Signature: <input checked="" type="checkbox"/>	Date: <input type="text"/>

I/We (Account Holder Name(s))	<input type="text"/>
Authorise Name of Debit User: <input type="text"/>	APCA User ID Number: <input type="text"/>
<input type="text"/>	<input type="text"/>

request you until further notice in writing, to debit my/our account described in *The Schedule* below any amounts which the Australasian Meat Industry Employees' Union 064136 may debit or charge me/us through the Direct Debit System.

I/We understand and acknowledge that:

1. The financial institution may, in its absolute discretion, determine the order and priority of payment by it of any monies pursuant to this request or any authority or mandate;
2. The financial institution may, in its absolute discretion, at any time by notice of 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 amounts or frequency of future debits.

Signature(s): <input checked="" type="checkbox"/>	Date: <input type="text"/>
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The Schedule	Name of Financial Institution:
<i>All details must be supplied.</i>	<input type="text"/>
	Address of Financial Institution
	<input type="text"/>
	<input type="text"/>
	Post Code: <input type="text"/>

Account Name(s)
<input type="text"/>

BSB Number:	<input type="text"/>	-	<input type="text"/>	Account Number:	<input type="text"/>
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Note: Direct Debit is not available on all accounts. Please check with your financial institution.