

## **Together Membership Application Form**



Title (please circle) Mr Mrs Miss Ms Dr Mx Surname																													
Name	F	Preferred name										Date of Birth					/ /												
Female  Male  X  Prefer not to disclose  Would you like to idea											ntify as Aboriginal &/or Torres Strait Islar									er? 🗖	&/c	or LGI	BTQ	IA+? [					
Home address																													
Suburb/City														Р	ostcode														
Home Phone Work Phone															1obile														
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Home email																										_			
Occupation Job Title																		ı											
Full-time Part-time Casual Permanent Temp Class level												vel	(eg AO2.1 or HP 3.1) Gross fort'ly income \$																
Employer Workplace																													
Street address																													
Please select one of the following periodic payment options:											U	nion <sup>.</sup>	fee	es fo	rt	nightly	/ foi	r <b>D</b> i	rec	t De	bit t	o Jun	e 30	), 2024	4				
OPTION ONE: FORTNIGHTLY PAYMENTS												Union fees fortnightly f										Indemnity benefit*			Custodial Corrections*				
I hereby authorise Together to arrange for funds to be debited from my account as set												Earning less than \$1074								\$12.5	0	\$13	3.77		\$16.58	3			
out below. USER ID: 064272.												Earning from \$1074 to less than \$2148								\$20.9	6	\$22	2.23		\$25.04	ŀ			
Name account is held in												Earning from \$2148 to less than \$3690							\$25.4			5.73		\$29.54 \$30.23					
Name of vivin Dank on Conditions													Earning from \$3690 to less than \$4224  Earning \$4224 or above								\$26.1 \$27.2			7.42 3.54		\$30.23			
Name of your Bank or Credit Union													Union fees monthly for Credit Card to June 30, 2024																
Address of Bank or Credit Union													ľ											Indemnity Custodial benefit* Corrections*					
													Gross fortnightly income								iener				Co				
BSB no. – Account numbe							er	r					Earning less than \$1074  Earning from \$1074 to less than \$2148								\$27.0 <mark>\$45.4</mark>			9.83		\$35.92 \$54.25			
													Earning from \$2148 to less than \$3690								\$55.1		\$57.92 \$64.00						
OPTION TWO	): [	1ON	THI	LY	CRE	DIT	CA	RD	PAY	MEN	NTS			Earning from \$3690 to less than \$4224								\$56.6	7	\$59	9.42		\$65.50	)	
- 11 11 1									_							ning \$422				\$59.0			1.83		\$67.91				
Card holder's name													* These Together members pay an additional <b>\$33/year</b> to receive a benefit of Professional Indemnity Insurance:																
Expiry date CVV M  Card no.										rcard	■ Vis	sa 🗖		<ul> <li>Members employed as Allied Health Practitioners in the Department of Education;</li> <li>Disability Workers within the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships employed as Allied Health Practitioners;</li> <li>Queensland Health members employed under the Health Practitioner Dental Officers Certified Agreement;</li> <li>Child Safety Services within the Department of Children, Youth Justice and Multicultural Affairs</li> </ul>															
I hereby make application for membership of the Australian Municipal, Administrative, Clerical and Services Union, Queensland Together Branch and I agree to abide by the Union Rules, which may be amended from time to time. I understand I remain a member of Together until I provide two weeks written notice of intention to resign my membership.													(excluding those employed as administrative officers or business officers within Service Centres);  • All members employed as Allied Health Practitioners in the private sector.  **Custodial Corrections Officers pay an additional \$106/year  Together members are offered a discount on their membership fees for prompt and regular payment.  A discount is either \$13 (L1-2) or \$26 (L3-5) pa applied to members who pay:  • yearly before the 30th September each financial year;																
X SIGN HERE Date														or via direct debit authority (bank account Students, studying in a discipline wherein whare eligible for Together union membership o \$5 per year. Student members are not entitle industrial representation from the union.							when qualitfied o can join for								
<b>Hand</b> your completed form to an organiser, scan and <b>email</b> to membershor <b>mail</b> to REPLY PAID PO BOX 3272 South Brisbane BC 4101 (no stamp r												shipteam@together.org.au FIII I V TA V																	
	BOUT PERIODIC PAYMENTS: Together will keep all your bank and credit card details confidential. You will receive 14 days notice payment to include the missed fee, providing you												ll alter yo you with	ur n noti	next tice.														

of any change in the terms of your arrangement. If you wish to cancel or change your periodic payment arrangement, Together will require 14 days notice. Please ensure your nominated account can accept debits of this kind and that there are enough funds to cover the payment, as your bank may charge you a dishonour fee.

Together may contact you via SMS, email or post.

PRIVACY INFORMATION: We collect, hold, use and disclose personal information to carry out our functions or activities under the Privacy Act 1988 (Privacy Act). the Privacy ACU.

More information on our privacy policy and process can be found at https://together.org.au/about-us/our-structures/privacy

Authorised Alex Scott Together Branch Secretary ABN 97853552816