

# Contact HACSU

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- ★ Membership fees are tax deductible;
- ★ All information contained within this form will remain confidential;
- ★ If you wish to resign your membership for reasons other than leaving the health and community services industry, you are required to give two weeks notice in writing addressed and delivered to the Union Secretary, or pay two weeks contributions in lieu of notice;
- ★ Completion of this membership application form indicates consent for the Union to receive updated information from your employer regarding your employment details.



**HACSU** assist



**HACSU**  
Health and Community Services Union

## MEMBERSHIP APPLICATION FORM

**JOIN HACSU TO PROTECT YOUR RIGHTS AT WORK**

- ★ Unions stand for decent rights and fairness in the workplace.
- ★ Union members and workplaces enjoy better pay, employment conditions and rights at work. On average union members earn \$25 more a week than workers who are not in unions.
- ★ Union membership is the best way to make sure that your workplace is safe, that you receive your full entitlements and that you have advice and support when you need it.
- ★ A great advantage of union membership is the support and benefits that come from acting collectively with your co-workers.
- ★ The more people who join together in a union, the greater the bargaining power. We are all much stronger when we work together.
- ★ Union members get access to special discounts and services that add real value to your membership by saving you money.

# MEMBERSHIP APPLICATION FORM

The Health and Community Services Union is registered under the Fair Work Act 2009 as the Health Services Union, Tasmania No.1 Branch. I hereby apply to become a member of the Health Services Union, Tasmania No.1 Branch. I declare I will abide by the rules of the union.

**Title:**  
(eg. Mr, Mrs, Ms, Miss)  **Date of birth:**

**Given names:**

**Family name:**

**Postal address:**

**Town or suburb:**  **Postcode**

**Home phone:**

**Work phone:**

**Mobile phone:**

**Home email address:**

**Work email address:**

**Employer 1**

**Worksite/  
Dept.**

**Employer 2**

**Worksite/  
Dept.**

**Occupation:**

**Employment status:** Full-time  Part-time  Casual  Other

**Average number of hours/week**

I hereby declare that by becoming a member of the Health and Community Services Union, I appoint the Union as my representative, including bargaining representative, under the Fair Work Act 2009.

**Signature**

# PAYMENT AUTHORITY

**Complete the following details to arrange regular deductions from your bank or credit union:**

I/we authorise the Health Services Union, Tasmania No.1 Branch (APCA User IC Number 025894) to arrange for funds to be debited from my/our account at the financial institution identified below as prescribed below through the Bulk Electronic Clearing System (BECS).

These drawings are for union membership dues as determined by the Branch Committee of Management in accordance with Union rules.

This authorisation is to remain in force in accordance with the terms described in the Health Services Union Service Agreement.

I/we authorise the Debit User to verify the account details with my/our Financial Institution. I/we also authorise the Financial Institution to release information allowing the Debit User to verify my account details.

## Details of account to be debited - Fill out only ONE section

### EITHER

**Name of financial institution:**

**Account holder name:**

**BSB number:**

**Account Number:**

**Signature/s:**

**Date:**

### OR

I authorise my employer to release my financial institution account details, including any changes from time to time, to HACSU so that direct debit of union dues can be arranged from my account. I recognise that my employer has no financial accountability in this transaction.

**Signature/s:**

**Date:**

**If you are a Nurse, Health Professional, Ambulance Officer, or Personal Carer this section MUST be completed.**

### MALPRACTICE LIABILITY AND LEGAL BENEFITS INSURANCE

I, the undersigned, being a financial member of the Health Services Union, Tasmania No.1 Branch, hereby give notice that I appoint the said Union as my agent for the purposes of giving and acceptance of notices in respect of Malpractice Liability and Legal Benefits Insurance in accordance with the Insurance Contracts Act 1984 and its Regulations. I also undertake to report circumstances or claims made against me as soon as possible to the said Union.

**Signature:**

**Date:**