



UNITED FIREFIGHTERS UNION
(Victorian Branch)
410 Brunswick Street,
Fitzroy 3065

Phone 9419 8811 Fax 9419 9258

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officeadmin@ufuvic.asn.au

MEMBERSHIP APPLICATION

NAME (IN FULL)

ADDRESS

SUBURB POSTCODE

TELEPHONE: (HOME) (WORK) (MOB)

EMAIL:

DATE OF BIRTH

EMPLOYER

WORK LOCATION (e.g. station / brigade):

.....

RANK OR WORK CLASSIFICATION:

REGISTERED OR PAYROLL NUMBER

I hereby apply to become a member of, and agree to be bound by, the rules of the United Firefighters Union of Australia. I further assert that I am willing to assume all the rights and responsibilities attaching to such membership.

SIGNATURE

DATE

Many thanks for your application; your application will be presented to Branch Committee of Management at their next scheduled meeting.

Acceptance / Welcome Letters will be sent to your home address as soon as practicable.