

United Firefighters Union – Victoria Branch

Retired Members Division

Application Form



Your Details

Mr / Ms / Miss / Mrs *[please circle one]*

First Name: *[please print]*

Last Name: *[please print]*

Date of Birth:

DD/MM/YYYY

Address:

Phone (h):

Suburb:

Phone(m):

Postcode:

Email:

Union Membership

I authorise the United Firefighters Union to debit \$10 from my account on sign up. I authorise for the United Firefighters Union to arrange for \$10 to be debited from my account annually at the financial institution identified below. This authority shall stand until I notify the United Firefighters Union of cancellation.

Signature:

Date:

Your Banking Details

Option A: Direct Debit Request

Bank:

Account name:

BSB number:

Account Number:

Option B: Credit Card Request

Visa

Mastercard

Card number:

Expiry:

Name on Card:

Signature:

Your credit card will be automatically debited each year.