



# United Firefighters Union - Victoria Branch

## Strength In Unity

### Your Details

I am a new member       I am an existing member [update my details]

Mr       Ms       Miss       Mrs

First name: [Please print]

Last name: [Please print]

Date of Birth:

Address:

Phone (h):

Suburb:

Phone (m):

Postcode:

Personal Email:

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:

### WHERE YOU WORK

Employer:

Rank or work classification:

Work location:

Work phone:

Registered or payroll number:

Full-time       Part-time

Zone & Platoon:

#### UNION MEMBERSHIP

I authorise United Firefighters Union to arrange for funds to be debited from my account at the financial institution identified below. This authority shall stand until I notify United Firefighters Union of cancellation.

Signature:

Date:

### YOUR BANKING DETAILS

#### Option A: Direct Debit Request

Bank:

Account name:

BSB Number:

Account number:

#### EMPLOYERS - PLEASE NOTE

Please complete bank details as authorised and return to United Firefighters Union by fax (9419 9258) or mail (410 Brunswick St, Fitzroy 3065).

#### Option B: Credit card Request

Visa       Mastercard

Card number:

Expiry date:

Signature:

Name on card:

Your credit card will be automatically debited each month.

Payments by cheque can be sent to UFU, 410 Brunswick St, Fitzroy 3065

ENTERED

BCOM

WELCOME LETTER

BANKING DETAILS ACTIVATED