

United Firefighters Union Victorian Branch
410 Brunswick Street Fitzroy Victoria Australia 3065
Phone 61 3 9419 8811 Facsimile 61 3 9419 9258



PROUD TO BE UNION

ASSOCIATE MEMBERSHIP APPLICATION

To: Branch Committee of Management

NAME (IN FULL)

ADDRESS.....

POSTCODE.....

TELEPHONE: (PRIVATE) (WORK) (MOB)

DATE OF BIRTH

OCCUPATION

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

RANK OR WORK CLASSIFICATION:

MEMBER OF OTHER UNION: Y / N. UNION

I hereby apply to become an associate 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