



UNITED FIREFIGHTERS' UNION - Victorian Branch

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ASSOCIATE MEMBERSHIP APPLICATION

To: Branch Committee of Management

NAME (IN FULL): _____

ADDRESS: _____

_____ POSTCODE: _____

PHONE: (WORK) _____ MOBILE: _____

EMAIL: _____

DATE OF BIRTH: _____

OCCUPATION: _____

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

RANK OR WORK CLASSIFICATION: _____

MEMBER OF OTHER UNION: Y / N IF SO, 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: _____

Associate member payments are charged yearly with a statement sent out to you for you to proceed with payment.