



# CSIRO Staff Association Casual Membership Form

## Application for Membership

Dr/Mr/Mrs/Miss/Ms First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date Of Birth: \_\_\_/\_\_\_/\_\_\_ Email: \_\_\_\_\_ Male/Female (please circle)

CSIRO Ident: \_\_\_\_\_ Division/Unit: \_\_\_\_\_ Location: \_\_\_\_\_

Telephone (work): \_\_\_\_\_ (mobile): \_\_\_\_\_ (home): \_\_\_\_\_

Address (postal): \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Witnessed/Recruited by: \_\_\_\_\_

## This section can be completed by the Organiser/Delegate in your area

In order to calculate the monthly deductions (0.55% of salary) for a casual member please complete the following section:

Estimated average **Weekly Hours** of work: \_\_\_\_\_ hrs

CSOF Level: \_\_\_\_\_ Annual Salary (From CSOF Level Salary Scale): \$ \_\_\_\_\_

$$\frac{\text{Weekly Hours}}{36.75} \times \text{Annual Salary} \times \frac{0.55}{1200} = \boxed{\$ \quad \quad \quad}$$

↑  
Monthly Deductions

## Payment Options – Please tick one of the following options below for your payment

€ I enclose a cheque or money order for \_\_\_ months \$ \_\_\_\_\_ (please mark ‘not negotiable’ and payable to ‘CSIRO Staff Association’)

€ Please debit my credit card (Visa/Mastercard – please circle) monthly with the amount \$ \_\_\_\_\_ (cards will be debited on the 1<sup>st</sup> day of each month)

Card Holders Name \_\_\_\_\_ Expiry Date: \_\_\_/\_\_\_/\_\_\_

Card Number \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Return completed forms by email: [csstaff@cpsu.org.au](mailto:csstaff@cpsu.org.au) or fax 03 8620 6347 or post to:  
CSIRO Staff Association, Reply Paid 66490, MELBOURNE VIC 3000**