



APPLICATION FOR MEMBERSHIP

I apply for membership of the CSIRO Staff Association (a section of the CPSU) and declare that the information provided is true and correct and agree that if admitted, I will abide by the Constitution and Rules of the Union.

CSIRO IDENT: _____ **DR/MR/MRS/MS/MISS:** _____ **SURNAME:** _____

FIRST NAME: _____ **D.O.B:** _____

CSOF LVL: _____ **DIVISION/UNIT:** _____ **LOCATION:** _____

HOME ADDRESS: _____

POSTAL ADDRESS: _____

EMAIL: _____

PH (Mob): _____ **(Work):** _____ **(Home):** _____

SIGNATURE: _____ **DATE:** _____

DELEGATE/WITNESS: _____

Please hand completed form to your delegate, fax to (03) 8620 6347 or email to csstaff@cpsu.org.au

FOR YOUR INFORMATION

To be financial, a member must have paid all subscriptions and all other amounts owed within 30 days of becoming due. In order to resign from the union, a member must give 2 weeks notice, in writing, to the union.

Privacy Statement: The CPSU uses members' personal information for membership management and services. Any personal information collected will only be used for this or a directly related purpose. In that context, we may contact you at a later date. Your personal information will not be disclosed to anyone or any organisation outside of the CPSU unless you consent or we are required to do so by law. You can access our privacy policy and any information we hold about you by calling 1300 137 636 8am to 8pm (AEST) Monday to Friday.

AUTHORISATION FOR PAYROLL DEDUCTION

TO: THE CSIRO PAY OFFICER

Please credit 0.55% of my salary to MEMBERS AND EDUCATION CREDIT UNION (MECU)/LABORATORY CREDIT UNION (LCU) from the first available pay period after receipt of this authority. This is in addition to previous authorities for deductions to MECU/LCU and should remain in force until further notice.

The amount to be deducted and credited to MECU/LCU may be varied from time to time and the amount of variation shall be as certified and advised to you by MECU/LCU.

CSIRO IDENT: _____ **SURNAME:** _____ **FIRST NAME:** _____

D.O.B: _____ **EMAIL:** _____

CSOF LVL: _____ **DIVISION/UNIT:** _____ **LOCATION:** _____

SIGNATURE: _____ **DATE:** _____