



**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: SURNAME: FIRST NAME:
DR/MR/MRS/MS/MISS (Circle one) D.O.B: M / F (Circle one) ATSI ORIGIN YES / NO (Circle one)
BUSINESS UNIT: LOCATION:
CSIRO LEVEL/ STEP: FULL or PART TIME (Circle one) TENURE: INDEFINITE or SPECIFIED (Circle one)
HOME ADDRESS:
POSTAL ADDRESS:
WORK EMAIL:
HOME EMAIL:
PH (Mob): (Work): (Home):
SIGNATURE: DATE:

Please complete the bottom section of the form, then hand it to your delegate, email to csstaff@cpsu.org.au or post to: CSIRO Staff Association, Level 7, 350 Queen Street, Melbourne Vic 3000

**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 CSIRO Staff Association (a section of the CPSU) collects members' personal information for: campaigning and representation, provision of membership benefits and services and membership administration. Signing the membership form indicates your consent to the collection of information. Our full privacy policy, including details on use, disclosure, security, access and correction and complaints, is available on our website at www.cpsu-csiro.org.au or by calling us on (03) 8620 6348.

**AUTHORISATION FOR PAYROLL DEDUCTION**

**TO: THE CSIRO PAY OFFICER**

Please credit 0.65% of my salary to Bank Australia from the first available pay period after receipt of this authority. This is in addition to previous authorities for deductions to Bank Australia and should remain in force until further notice.

The amount to be deducted and credited to Bank Australia may be varied from time to time and the amount of variation shall be as certified and advised to you by the CSIRO Staff Association office.

CSIRO IDENT: SURNAME: FIRST NAME:
D.O.B: WORK EMAIL:
CSOF LEVEL/STEP: LOCATION:
SIGNATURE: DATE: