

JOIN UP



Join the only union that delivers for electrical workers, time and time again.

Troy Gray Secretary, ETU Victoria

SPEAK TO THE TEAM

MELBOURNE

Level 1, 200 Arden St, North Melbourne, Victoria 3051
Phone: 03 8329 0000 Fax: 03 8329 0066

MORWELL

42 Buckley St, Morwell, Victoria 3840
Phone: 03 5134 3847 Fax: 03 5133 9238

BENDIGO

38 View St, Bendigo, Victoria 3550
Phone: 0407 925 696



I, the undersigned, hereby apply to become a member of the CEPU, Electrical Division Victorian Branch, and I pledge myself to comply with the rules* of such union and any amendments or additions which may be legally made to such rules.

*Read the terms and conditions, and our membership rules at www.etuvic.com.au/terms

Given Name

Family Name

Address

Suburb

State

Postcode

Email Address

Mobile Telephone

Male Female Other

Date of Birth

Occupation

Employer (as it appears on your pay slip)

Employer Address

Suburb

State

Postcode

Do you wish to join the Young* Activists' and/or the Women's Network

* For members under the age of 35.

Young Activists' Network Women's Network

Are you a registered electrical contractor? Yes No

Signature Date

APPRENTICESHIP DATES (current apprentices only)

Commenced Due to complete

Have you previously been an ETU member? Yes No

If 'Yes', which branch?

Office use only: Membership Number

PAYMENT METHOD

Direct Debit Credit Card

BANK AND FINANCIAL CO-OPERATIVE DIRECT DEBIT AUTHORISATION

Date

Name of Financial Institution at which your account is held

Address of Financial Institution at which your account is held

Family Name or Company/Business Name

I/We Given names

request you, until further notice in writing, to debit my/our account described in The Schedule below any amounts that the Electrical Trades Union, Victorian Branch (User I.D. No. 062881) may debit or charge me/us through the Direct Debit System.

I/We understand and acknowledge that:

1. The Financial Institution may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to the Request of any authority or mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this Request as to future debits.

Signature/s (If a joint account, all signatures may be required)

Customer Address

Suburb

State

Postcode

THE SCHEDULE

Name of account to be debited:

BSB Number

Account Number

Weekly

Fortnightly

Note: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.

CREDIT CARD

Full or monthly options available

Card Number

Expiry Date

/

Full Payment

Monthly Payment