



UNITED FIREFIGHTERS UNION OF AUSTRALIA

UNION OF EMPLOYEES - QUEENSLAND



Join the UFUQ

I, the undersigned, apply for admission to membership of the United Firefighters Union of Australia, Union of Employees, Queensland and undertake that if admitted to membership, I agree to be bound by the Policy, Constitution and Rules of that Union. I further assert that I am willing to assume all the rights and liabilities attaching to membership of the United Firefighters Union of Australia.

My Details

TITLE (PLEASE CIRCLE) MR, MRS, MISS, MS _____	
SURNAME _____	
FIRST NAME/S _____	KNOWN NAME _____
HOME ADDRESS _____ _____	
STATE _____	POSTCODE _____
POSTAL ADDRESS _____	HOME PHONE _____
MOBILE PHONE _____	DATE OF BIRTH _____
PRIVATE EMAIL _____	

My Work Details

EMPLOYER. _____	ABN OF EMPLOYER _____ (Not applicable for QFES employees)
EMPLOYEE NO. _____	REGION _____
STATION/SITE _____	RANK _____
EMPLOYEE TYPE _____ (Full Time / Casual CC / Part Time / Auxiliary)	
SIGNATURE _____	DATE _____
<i>FOR OFFICE USE ONLY</i>	
ADMISSION DATE _____	MEMBER NO. _____



UNITED FIREFIGHTERS UNION OF AUSTRALIA

UNION OF EMPLOYEES - QUEENSLAND



Membership Fees 2017 / 2018

Fortnightly		Monthly			Quarterly		
Full time	Casual & Part Time Comm Centre	Full time	Casual & Part Time Comm Centre	Auxiliary	Full time	Casual & Part Time Comm Centre	Auxiliary
\$31.00	\$22.00	\$67.20	\$47.65	\$15.50	\$201.50	\$143.00	\$46.50

Half Yearly			Annually		
Full Time	Casual Comm Centre & Part Time	Auxiliary	Full time	Casual Comm Centre & Part Time	Auxiliary
\$403.00	\$286.00	\$93.00	\$806.00	\$572.00	\$186.00

PAYMENT

Request and Authority to Debit/Charge the Account named below to pay UFU/UFUQ subscriptions and/or levies

I authorize and request that the amount payable for subscriptions and/or levies (as varied from time to time) which the responsible officer of the UFU/UFUQ certifies as the amount due pursuant to the relevant rules be paid from my account by either direct debit or credit card as indicated by me through the 'Bulk Electronic Clearing System (BECS)'.

DIRECT DEBIT BANK

I authorise and request the UFU/UFUQ (ID 404605) to debit my account through 'Bulk Electronic Clearing System (BECS)'. The terms and conditions of the Direct Debit Request Service Agreement shall apply.

Fortnightly (Thursday) Monthly (2nd Thursday) Quarterly (2nd Thursday Jan, Apr, Jul, Oct)

Half Yearly (2nd Thursday Jan, July) Yearly (2nd Thursday July)

Financial Institution Name

Account Name

BSB Account No.

By signing this Direct Debit Request you acknowledge having read and understand the Direct Debit/Credit Card Fee Request Service Agreement which is available on our website at www.ufuq.com.au.

SIGNATURE Date:

DIRECT DEBIT CREDIT CARD

I hereby authorise and request the UFU/UFUQ to charge my credit card account. This authority shall stand until I notify the UFU/UFUQ otherwise in writing.

Mastercard Visa Name on Card

Card No/Exp Date /

Automatic Debit

Fortnightly (Thursday) Monthly (2nd Thursday) Quarterly (2nd Thursday Jan, Apr, Jul, Oct)

Half Yearly (2nd Thursday Jan, Jul) Yearly (2nd Thursday Jul)

SIGNATURE Date: