



UNITED FIREFIGHTERS UNION OF AUSTRALIA

UNION OF EMPLOYEES - QUEENSLAND

Membership Fees 2020 / 2021

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
\$34.00	\$25.00	\$73.65	\$54.15	\$17.00	\$221.00	\$162.50	\$51.00

Half Yearly			Annually		
Full Time	Casual Comm Centre & Part Time	Auxiliary	Full time	Casual Comm Centre & Part Time	Auxiliary
\$442.00	\$325.00	\$102.00	\$884.00	\$650.00	\$204.00

Choose your payment cycle:

- ☐ Fortnightly (Thursday) ☐ Monthly (2nd Thursday) ☐ Quarterly (2nd Thursday Jan, Apr, Jul, Oct)
- ☐ Half Yearly (2nd Thursday Jan, July) ☐ Yearly (2nd Thursday July)

PAYMENT

Request and Authority to Debit/Charge the Account named below to pay 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 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 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.

Financial Institution Name

Account Name

BSB

Account No.

By signing/typing your full name on 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:

By typing your full name you acknowledge that you have signed this form.

☐ **DIRECT DEBIT CREDIT CARD**

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

☐ Mastercard

☐ Visa

Name on Card

Card No

Automatic Debit

Expiry Date

SIGNATURE

Date:

By typing your full name you acknowledge that you have signed this form.