



Membership Application Form 2018

I apply for admission for membership of the Australian Rail Tram & Bus Industry Union, an organisation registered pursuant to the Fair Work Act 2009 in its Queensland Branch and the Australian Rail Tram & Bus Industry Union of Employees Queensland Branch, an organisation registered pursuant of the Industrial Relations Act 1999 and agree that if admitted, I will observe the certified rules of the Unions as amended from time to time in accordance with the abovementioned Acts.

Signature of Applicant: _____ Date: ____ / ____ / ____

Applicant's Details *(please print clearly. Items marked with * must be completed)*

*Service/ Payroll No: _____ *Gender F M *Date of Birth _____

*Surname: _____

*Given Names _____

*Address _____

*Town/ Suburb _____ Post Code: _____

*Email Home: _____

*Mobile: _____ Home phone: _____

Employment Details

*Employer: _____

Employment: Full-time ; Part-time ; Casual ; Trainee ; Apprentice (Year __) Other: _____

*Occupation: _____

Email Work: _____

Work phone: _____ Work Mobile: _____

*Work Location: _____

Business Group: _____ Section: _____

RTBU rt health fund Plan *(please tick the box if you are a member of rt health or want to find out more)*

Free Will Service *(please tick the box if you would like to receive a free will kit)*

Payment Method

Credit Card ; Direct Debit ; Invoice/ Chq/ Money Order ; Payroll Deductions

Please see over for credit card and/or direct debit payment methods

Office Use Only *(to be completed by the Organiser)*

Division / Agreement: _____

Payroll Deductions

I hereby authorise you to deduct from my salary/wages and pay to the Australian Rail, Tram & Bus Union each Fortnight ; Month the amount of \$_____. In the event of an alteration in the rate of subscriptions under the Rules of the Union, I authorise the above amount to be varied.

Name: _____

Service/Payroll No: _____

Signature: _____

Date: _____



Rail, Tram & Bus Union (Queensland Branch)

Head Office: Level 1, 457 Upper Edward Street, Brisbane QLD 4000; Phone: (07) 3839 4988; Fax: 3832 1278; Email: info@rtbu.com.au

Direct Debit	
I/We _____ <i>Full Name/s of the Account Holder/s</i>	
Have read your Direct Debit/Credit Card Request Service Agreement and acknowledge and agree to the terms and conditions in that agreement. I/We request & authorise you, the Australian Rail Tram and Bus Industry Union QLD Branch to arrange for funds to be debited from my/our account at the Financial Institution identified and described below in accordance with the Direct Debit/Credit Card Request Service Agreement.	
Signature: _____	Date: ____/____/____
Signature: _____	Date: ____/____/____
Details of Account to be Debited:	
Name of Financial Institution: _____	
BSB Number: _____	Account Number: _____
Name on Account to be Debited: _____	
Branch Name: _____	

Credit Card	
I/We _____ <i>Full Name/s of the Account Holder/s</i>	
Have read your Direct Debit/Credit Card Request Service Agreement and acknowledge and agree to the terms and conditions in that agreement. I/We request & authorise you, the Australian Rail Tram and Bus Industry Union QLD Branch to debit funds from my/our credit card identified and described below in accordance with the Direct Debit/Credit Card Request Service Agreement.	
Signature: _____	Date: ____/____/____
Signature: _____	Date: ____/____/____
Credit Card Details: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	
Name/s on Card: _____	
Card Number: _____	
Expiry Date: ____/____	
CSV: 3 digit number on the back of your card ____	

Direct Debit/Credit Card Request Service Agreement

By signing our Direct Debit / Credit Card Request you acknowledge and agree to the following terms and conditions:

1. You authorise the Rail Tram & Bus Union (Qld Branch) to debit your nominated account/credit card in the manner specified in the Direct Debit / Credit Card Request.
2. We will provide you with at least 14 days prior notice in writing if we propose to vary any of the terms of the debit arrangements in place between us.
3. You will need to give us at least 3 working day's notice in writing if you wish to defer or alter any of the debit arrangements.
4. You will need to advise us in writing if you wish to stop a payment being processed (a Debit Item) or cancel a Direct Debit / Credit Card Request. Such notice should be delivered to us at least fourteen working days before the due date for payment or as otherwise stipulated in our Terms and Conditions.
5. If you wish to dispute any Debit Item, you should refer to us in the first instance and we will seek to resolve the matter with you. If we cannot resolve the dispute you can contact your financial institution at which your nominated account is held. Your financial institution will then commence a formal claims procedure on your behalf.
6. Some financial institution accounts do not facilitate direct debits. If you are uncertain, you should check with your financial institution before signing a Direct Debit / Credit Card Request, to ensure that your nominated account is able to receive direct debits through the Bulk Electronic Clearing System.
7. Before completing the Direct Debit / Credit Card Request, you should check the details of your nominated account / credit card against a recent statement from your financial institution, to ensure that your account / card details are correct.
8. You agree that it is your responsibility to have sufficient cleared funds in your nominated account by the due date to enable payment of Debit Items in accordance with the Direct Debit / Credit Card Request.
9. We will initiate the Debit Item on the due date stated in the Direct Debit / Credit Card Request or as otherwise agreed between us in writing. If the due date for payment falls on a day which is not a business day in Queensland the Debit Item will be processed on the next business day. You should enquire directly with your financial institution if you are uncertain as to when the Debit Item will be processed to your account.
10. If a Debit Item is returned unpaid by your financial institution, you authorise us to present a further debit for payment, notwithstanding that this may exceed the maximum amount stated in the Direct Debit / Credit Card Request. We may ask you to reimburse us for any charges we incur as a result of your debit item being returned unpaid.
11. We will ensure the details of your personal records and account details held by us remain confidential. However, if you lodge a claim in relation to an alleged incorrect or wrongful debit, it may be necessary for us to release such information to your financial institution or its representative, or to our financial institution or its representative to enable your claim to be assessed.

Payment Amount \$ _____	First Payment ____/____/____
Frequency of Payment	
Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>
Quarterly <input type="checkbox"/>	1/2 Yearly <input type="checkbox"/>
Yearly <input type="checkbox"/>	
Debit Day	
Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>
Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>