Accidents can happen on the way to work..

It's a good thing that members are protected.

Your journey to work is part of the job.

After all, you'd never make the trip to the workplace unless you were employed there in the first place.

Did you know that you're not covered for the purposes of workers' compensation during travel to and from the workplace?

Unless you're a union member, that is.

Since 2007, Staff Association and CPSU members have received free journey cover\*.

If you have an accident and are seriously injured on your journey to or from the workplace and don't have enough sick leave credits to cover time off work, income protection insurance kicks in.

This income safety net is only available to Staff Association members.

Make a smart choice and protect your travel time by joining today.

Use your head. Join today

talk to your delegate, call (03) 8620 6348 or visit cpsu-csiro.org.au



\*Conditions apply
Authorised by Sam Popovski – Secretary - CSIRO Staff Association

A section of the CPSU



## **APPLICATION FOR MEMBERSHIP**

CSIRO IDENT:

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.

FIRST NAME:

SURNAME:

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 TI	ME (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 CSIRO Staff Association, Level 7, 3		,	ate, email to <a href="mailto:csstaff@cpsu.org.au">csstaff@cpsu.org.au</a> or post to:
FOR YOUR INFORMATION			
To be financial, a member must have from the union, a member must give			owed within 30 days of becoming due. In order to resign
representation, provision of member	rship benefits and rmation. Our full p	d services and membership privacy policy, including detai	members' personal information for: campaigning and administration. Signing the membership form indicates ils on use, disclosure, security, access and correction and (03) 8620 6348.
AUTHORISATION FOR PAYROL	L 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:	