



**APPLICATION FOR MEMBERSHIP – CONTRACTOR OR LABOUR HIRE**

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.

**DR/MR/MRS/MS/MISS** (circle one)      **SURNAME:** \_\_\_\_\_      **FIRST NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **M / F** (circle one)    **ABORIGINAL or TORRES STRAIT ISLANDER:** **Y / N** (circle one)    **FULL or PART TIME** (circle one)

**BUSINESS UNIT:** \_\_\_\_\_      **LOCATION:** \_\_\_\_\_

**EST. SALARY** (complete one):    **ANNUAL SALARY**      or    **MONTHLY SALARY**      **CSOF Level and Step**

**CONTRACTOR or LABOUR HIRE:** (circle one): please specify agency name \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**POSTAL ADDRESS:** \_\_\_\_\_

**WORK EMAIL:** \_\_\_\_\_

**HOME EMAIL:** \_\_\_\_\_

**PH (Mob):** \_\_\_\_\_      **(Work):** \_\_\_\_\_      **(Home):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_      **DATE:** \_\_\_\_\_

Please complete the bottom section of the form, then hand it to your delegate, email to [csstaff@cpsu.org.au](mailto:csstaff@cpsu.org.au) or post to: CSIRO Staff Association, Level 3, 99 William Street, Melbourne Vic 3000

**FOR YOUR INFORMATION**

To be financial, a member must have paid all subscriptions and all other amounts owed within 30 days of becoming due. In order to resign from the union, a member must give 2 weeks’ notice, in writing, to the union.

Privacy Statement: The CSIRO Staff Association (a section of the CPSU) collects members’ personal information for: campaigning and representation, provision of membership benefits and services and membership administration. Signing the membership form indicates your consent to the collection of information. Our full privacy policy, including details on use, disclosure, security, access and correction and complaints, is available on our website at [www.csirostaff.org.au](http://www.csirostaff.org.au) or by calling us on 1300 137 636.

**CREDIT CARD AUTHORISATION FOR MEMBERSHIP PAYMENT:**

Please credit 0.65% of my salary on a quarterly frequency to CSIRO Staff Association.

Card Type (circle one): Visa / Mastercard

Card Number \_\_\_\_\_      Expiry Date: \_\_\_\_ / \_\_\_\_      CVV \_\_\_\_\_

Card Holders Name \_\_\_\_\_      Signature \_\_\_\_\_