

VOTE ~~NO~~ TO THE LAVERTY EBA

Will you accept a pay cut?

Laverty employees worked during the height of the pandemic, with no real bonus to show for your essential work. Meanwhile, Laverty continues to make a tidy profit from your hard work.

Now they want to give you a substandard pay offer that doesn't keep up with cost of living.

Does that sound right to you?

LAVERTY'S OFFER

- 3.25% pay rise on agreement with **NO BACKPAY TO JULY 2022.**
- 2.5% annual pay rises in July 2023 and July 2024.

JOIN THE UNION

Standing together, we can demand a better offer from Laverty. Join your colleagues today.

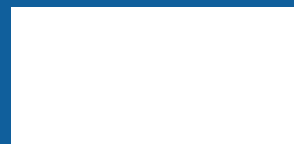


Authorised by Gerard Hayes,
Secretary HSW NSW/ACT/QLD



**JOIN
NOW**

YES! I would like to join the Health Services Union



Contact Details

Full Name:

Date of Birth:

Gender: Man Woman Other

Phone:

Email:

Address:

Employment

Workplace:

Job title:

If you have a second Job:

Workplace:

Job title:

Who signed you up?

Name:

Signature:

Date:

By signing this membership form, you agree to the terms and conditions of HSU membership and our privacy policy which can be accessed via www.hsu.asn.au and you consent to us collecting, using, holding and disclosing your information as detailed therein. If you do not consent to any aspect of our privacy policy as it applies to you, please notify the HSU via email, info@hsu.asn.au

Direct Debit Request: Please debit my Bank Account OR Credit Card Please enter 'x' for your preferred option

\$22.20 Fortnightly \$48.10 Monthly First payment date: / /

Your request and authorise HSU (user ID No. 017797) / HSU NSW Branch (user ID No. 428556) to arrange, through its own financial institution, a debit to your account described in the schedule above, any amount HSU / HSU NSW Branch has deemed payable by you. You acknowledge that you may be charged a pro rata amount if the first regular payment falls after the date this form is signed. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your nominated account below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement

NOTE: Where your debit day (fortnightly / monthly) falls on a public holiday, your account will be debited on the next business day.

Bank Account Details

Name of account holder:

BSB Number: Account Number:

OR

Credit Card Payment: Please enter 'x' for your preferred option

Please charge my: Mastercard Visa American Express

Card no: Expiry Date: /

