

SUPPORT SERVICES STAFF AT ST VINCENT'S PRIVATE HOSPITALS & MATER NORTH SYDNEY

Your employer's current wage offer to support services employees is an increase of 3.25%.

However, some of your colleagues recently took action and are being offered a higher wage increase as a result - don't you deserve more?

Join the campaign for higher wages now!



Complete our survey and join your union today



www.hsu.asn.au

Approved by Gerard Hayes, Secretary HSU NSW/ACT/QLD



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. 428556 017797) / HSU NSW Branch (user ID No. 017797) 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: /

