For Office Use Only	
Date of Admission:	
Membership No.	
Secretary's Signature:	



MEMBERSHIP APPLICATION FORM

I, the undersigned, apply for admission to membership of the United Firefighters Union (Tasmania Branch) and undertake that if admitted to membership I will abide by the constitution and rules of that union.							
DATE	SIGNATURE OF APPLICANT						
NAME IN FULL:	PLEASE PRINT	r	Given Names				
ADDRESS:	Street number/name		Suburb				
	Postcode	TFS e-mail addre	ess	@fire.ta	s.gov.au		
DATE OF BIRTH:	/ /	DATE JO	INED TFS:	/	/		
CLASSIFICATION OR RANK:							
WHERE EMPLOYED:							
		DEDUCT	TION AUTHO	RITY			

(Please note that payments to the Union attract a 10% GST).

I authorise the Tasmania Fire Service to deduct 1% of my fortnightly salary and forward this amount to the United Firefighters Union of Australia (Tasmania Branch) until further

Signed:

Date:

PO Box 20 North Hobart Tas 7002 379 Elizabeth Street North Hobart Tas 7000 PH: (03) 6234 9331 FAX: (03) 6234 9505

e-mail: ufutas@ufutas.com

notice.

Please address all correspondence to the Secretary

Secretary: Vincent Males Mobile: 0417 154 633