



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 of Australia Tasmania Branch and undertake that if admitted to membership, I agree to be bound by the Policy, Constitution and Rules of that Union. I further assert that I am willing to assume all rights and liabilities attaching to membership of the United Firefighters Union of Australia Tasmania Branch.

Personal Details

Title (Please circle) Mr, Mrs, Miss, Ms

Last Name

Given Names

Street Address

Suburb

State

Postcode

Date of Birth

Home Phone

TFS Email

Personal Email

Mobile Phone

Employment Details

Employer

Occupation

Station/Work Area

Date Joined TFS

Shift

Rank

Payroll Number

Deduction Authority

I authorise the Tasmania Fire Service to deduct 1.1% (inclusive of GST) of my fortnightly salary and forward this amount to the United Firefighters Union of Australia (Tasmania Branch) until further notice.

SIGNATURE OF APPLICANT

/ /20
DATE