



Australian Federated Union of Locomotive Employees / ETUQ - AFULE Division

41 Peel Street
South Brisbane Qld 4101
Phone: 07 3844 9163 Fax: 07 3252 3682
Email: statesecretary@afule.org.au

www.afule.org.au

Membership Application Form

Applicant Information

Full Name: _____
(Surname) (Given Name/s) (Preferred Name)

Address: _____
(Street Address)

(Suburb) (State) (Post Code)

Postal: _____
(If different from above)

Home Email: _____ Add email to AFULE e-News?
Work Email: _____ cannot be used for AFULE e-news

Home Phone: _____ Mobile: _____

Gender: Male Female Date of Birth: ____/____/____
DD MM YYYY

Employment Details

Employer: _____ Depot: _____ Service No: _____

Full-Time or Part-Time

Classification:

- Driver Tutor Driver Driver in Charge
 Driver Co-ordinator Train Guard Trainee Driver
 Other (Please Specify) _____ Train Management Improvement Officer

Notices and Declarations

I, _____, apply for membership of the Australian Federated Union of Locomotive Employees ('the AFULE') and the AFULE Division of the Electrical Trades Union of Employees Queensland ('State AFULE') on, and from, the date of this application and agree to comply with the rules of the AFULE and the State AFULE, as amended from time to time.

Resignation

I acknowledge that I may resign from the AFULE, by notice in writing addressed to the State Secretary, to take effect as follows:

- if I am eligible for membership and the notice sets out a date, on that date, or if no date is specified, then two weeks after receipt; or
- if I am no longer eligible for membership and the notice sets out a date following my becoming ineligible, on that date or if no date is specified, then on receipt.

I acknowledge that resignation from the AFULE will also effect a resignation for the State AFULE, to take effect on the same date, but that I may also resign from the State AFULE by notice and if the notice sets out a date, on that date, or otherwise on the date the notice is provided to the State AFULE.

Financial Obligations

I acknowledge:

- I am to pay my subscription (below), and alterations to that subscription made in accordance with the AFULE rules;
- that the authority to deduct my subscription (below) from my wages includes future increases to subscriptions made in accordance with the AFULE rules;
- I am to pay a levy struck in accordance with AFULE rule 8 and/or State AFULE rule C14 (Part C Rules);
- I am to pay a fine imposed in accordance with AFULE rule 30 and/or State AFULE rule A55 (Part A Rules).

The State AFULE acknowledges that no further subscription is required to be paid to it by a member who is a financial member of the AFULE.

Applicant Signature: _____

Dated: _____



Australian Federated Union of Locomotive Employees

Mortality Benefit – Nomination of Beneficiary

The AFULE provides a mortality benefit to financial members (rule 28) and requires you to nominate who the benefit is to be paid to:

Full Name: _____
(Surname) (Given Name/s) (Preferred Name)

Address: _____
(Street Address)

(Suburb) (State) (Post Code)

Home Email: _____ Work Email: _____

Home Phone: _____ Mobile: _____

Relationship:

- Spouse Mother Father Partner Son
 Daughter Other (please specify) _____

AUSTRALIAN FEDERATED UNION OF LOCOMOTIVE EMPLOYEES

www.afule.org.au

Postal: 41 Peel Street, South Brisbane Q 4101

Phone: 07 3844 9163 **Fax:** 07 3252 3682

Email: statesecretary@afule.org.au

AUTHORITY FOR DIRECT DEBIT

Name: _____

Service Number: _____

Please Print

I / we authorise the A.F.U.L.E. (user ID Number 359627) to arrange for moneys due in terms of the fortnightly repayment arrangements contained in the Membership Agreement made between ourselves on ___ / ___ / ____, be drawn under the Direct Debit System from my / our account.

Account Name: _____

Name of Financial Institution: _____

Branch: _____

BSB:

--	--	--	--	--	--

Account No:

--	--	--	--	--	--	--	--	--	--

Signature / s *

_____ (Date ___ / ___ / ___)

_____ (Date ___ / ___ / ___)

***If debiting from a joint account, both signatures are required**

AUSTRALIAN FEDERATED UNION OF LOCOMOTIVE EMPLOYEES –

PAYMENT PLAN

Drawing arrangements;

We will advise you in writing, the details of the A.F.U.L.E. Payment Plan drawing arrangements (amount, frequency, commencement date) at least 14 calendar days prior to the first drawing.

Where the due date falls on a non-business day, we will draw the amount on the next business day.

We will not change any details of drawing arrangements without giving you at least fourteen (14) days written notice.

We reserve the right to cancel the A.F.U.L.E. Payment Plan drawing arrangements if three or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you an alternate payment method.

We will keep all information pertaining to your nominated account at the Financial Institution, private and confidential.

Your rights; You may terminate the A.F.U.L.E. Payment Plan drawing arrangements at any time by giving written notice directly to us, or through your nominated Financial Institution. Notice given to us should be received by us at least 14 business days prior to the due date.

You may stop payment of a drawing under the A.F.U.L.E. Payment Plan by giving notice directly to us, or through your nominated Financial Institution. Notice given to us should be received by us a least 14 business days prior to the due date.

You may request change to the drawing amount and / or frequency of the A.F.U.L.E. payment Plan drawings by contacting us and advising your requirements no less than 14 business days prior to the due date.

Where you consider that a drawing has been initiated incorrectly (outside of the A.F.U.L.E. Payment Plan arrangements) you may take the matter up directly with us, or lodge a Direct Debit claim through your nominated Financial Institution.

Your commitment to us; It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date.

It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the Financial Institution where the account is based.

It is your responsibility to advise us if the account nominated by you to receive the A.F.U.L.E. Payment Plan drawings is transferred or closed.

It is your responsibility to arrange with us a suitable alternate payment method if you wish to cancel the A.F.U.L.E. Payment Plan drawing.

Date

The Secretary

.....
(Name of former Union)

Dear Sir

I, (Enter Name) _____

_____ of _____
(Service No.) (Depot)

do hereby tender my resignation, to take effect as from _____ .
(Date of resignation)

Please forward a Clearance Certificate to the Australian Federated Union of Locomotive Employees.

Thanking you

.....
(Signed)