



# Australian Federated Union of Locomotive Employees / State AFULE

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## 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: \_\_\_\_\_ Work Email: \_\_\_\_\_  
Add email to AFULE e-News?  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) \_\_\_\_\_