CSR, HOLCIM, WILMAR AND VIRIDIAN STAFF ASSOCIATION

known as SALARIED STAFF UNITED MEMBERSHIP APPLICATION FORM

Registered Office: 22 Mowbray Tce EAST BRISBANE QLD 4169

Postal Address: PO Box 292 NARANGBA QLD 4504

Version PV.2024.01

To the Executive Council of Salaried Staff United,

I, the undersigned, being an eligible salaried employee of CSR, Holcim, Wilmar, Sugar Australia, Oceania or Viridian, hereby apply to be admitted as a member of Salaried Staff United and I agree to observe and be bound by the rules of Salaried Staff United for the time being and all regulations validly made thereunder.

APPLICA	NTDETA	ILS (USE BLOC	KLETTE	RS)				
Title		Ms	Mrs	Miss	Mr	Other, (plea	ase State)	
First Name					Last Nan	ie		
Street Ado	dress							
Suburb					Sta	te	Post Code	
Employer Company							Work State	
Employee Number				Position		'		
Employment start date				Business Unit				
Work/Group location								
Email Preferred						Phone Preferred	1	
Email Alternate						Phone Alternate	1	
AUTHORI	TV FOR C	IDCCDIPTION	D41774ED	vma (Dla		e option onl	>	
Payment by Salary Deduction	I hereby au (cross out i subscriptio per week (T This author	CPR SUBSCRIPTION PAYMENTS (Please tick one option only) by authorise and direct my Employer, CSR / Holcim/ Oceania / Sugar Australia / Wilmar / Viridian sout inapplicable) to deduct from my salary and pay to Salaried Staff United my membership cription fee based on my relevant pay period: Currently \$30 per month/ \$13.85 per fortnight or \$6.92 reek (Total \$360 p/a incl GST) (Amount may change as and when advised by SSU) authority shall remain in force until either it is cancelled by me in writing or I notify the Secretary, ited Staff United in writing that I no longer want to be a member. I acknowledge that my Employer						
		all not be responsible for the application of such monies by Salaried Staff United.						
	OR							
Payment on Invoice	Where the atthe application advance are	agree to make payments on receipt of invoice in accordance with the instructions below: /here the option to pay on invoice has been selected on this application, an SSU invoice will be issued to he applicant in accordance with SSU Rules. Membership subscription will be invoiced for payment in dvance and pro-rata to the end of the current selected period. Where an applicant requires hamediate support for an existing issue, payment will be invoiced for an amount as per the Association ules.						
	Annual	o	R	Quarter	ly		OR	Monthly
Date		Signature						
SALARIED STAFF UNITED								