



**Association of Hospital Pharmacists  
Health Services Union Victoria No. 4 Branch  
MEMBERSHIP APPLICATION**

**I, the undersigned, hereby apply to become a member of the above named unions (Please print in BLOCK LETTERS)**

Title: (  PLEASE TICK)  Dr  Mr  Ms  Mrs  Miss  M  F

Given name(s):

Surname:

Date of Birth:

Academic Qualifications:

Postal Address:

City:

Post Code:

Home Phone:

Work Phone:

Fax:

Mobile:

Email Address:

Name of Employer: (E.G. EASTERN HEALTH, WESTERN HEALTH)

Workplace: (E.G. NAME OF HOSPITAL, HEALTH CENTRE, CLINIC)

Department:

Classification:

Grade: (e.g. Gr 2/Yr 2)

Do you have a current employment problem which may require union assistance?  Yes  No

**Subscriptions Options (✓PLEASE TICK)**

**Full-Time Subscription**

- Annual Subscription (paid yearly)
- Direct Debit (paid monthly)
- Payroll Deductions\*(paid fortnightly)

**Part-Time Subscription**

- 1 Day  2 Day  3 Day  4 Day

- Annual Subscription (paid yearly)
- Direct Debit (paid monthly)
- Payroll Deductions\*(paid fortnightly)

\* N.B. Payroll deductions only available for members employed by some Non-Public Sector Employers.

Contact our office for a form, or download from [www.msav.org.au](http://www.msav.org.au)

**Pre-Registered**

**Non-Working Subscription**

(Parental Leave, overseas, interstate, retired)

For current fees, go to [www.ahpv.asn.au](http://www.ahpv.asn.au) or contact our office on 9623 9624.

**Direct Debit Request**

**Member's Authority I/We :**

Authorise the Association of Hospital Pharmacists to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS).

This authorisation is to remain in force in accordance with the terms described in the AHP Direct Debit Request and Service Agreement which is available on the AHP website.

**Details of the Account to be Debited**

Name of Financial Institution:

Branch Address:

Account Name: – NAME OF THE PERSON(S) WHO HOLD THE ACCOUNT

BSB Number:

Account Number

I/We authorise the following:

1. The AHP to verify the details of the above-named account with my/our financial institution.
2. The financial institution to release information allowing the AHP to verify the above-named account details.

Signed: ✕ \_\_\_\_\_

Date: / / \_\_\_\_\_

Customers Address:

City:

Post Code:

## Payment By Credit Card

Please debit my: (  PLEASE TICK)

MasterCard  Visa Card

Amount

\$

Card Number

Expiry Date:

Card holder name

Signed: ✕ \_\_\_\_\_ Date: / /

\* N.B Direct debits not payable by credit card

Payment by telephone: call 9623 9624 and have your credit card handy

## Appointment of Bargaining Agent

Bargaining agents may be appointed to assist in relation to the negotiation and variation of Australian Workplace Agreements, non-union collective agreements and variations to employer Greenfield agreements. The AHP/HSU is able to represent you as a bargaining agent in negotiations with your employer in respect to these types of workplace agreements, provided that you appoint the AHP/HSU as your bargaining agent. Please tick the box below if you wish to appoint the AHP/HSU as your bargaining agent. This appointment does not affect the ability of the HSU to negotiate a union collective agreement in the workplace.

I appoint the AHP/HSU Vic. No. 4 Branch as my Bargaining Agent for the purposes of the Workplace Relations Act 1994 as amended.

### NON-MEMBERS SERVICE POLICY

In accordance with Union policy:

1. Except to the extent necessary for the Union to conduct its business, persons who are not members of the AHP will receive no advice or service. Such advice or service will be reserved for members only.
2. Persons who join the AHP with a pre-existing workplace issue will not receive assistance in relation to that issue/problem, unless determined otherwise by the Executive Officer and/or AHP Committee.

## AHP Subscription Rates for 2011/2012 Financial Year

<b>Full Time Subscription</b>	<b>Total Payable (Inc. GST)</b>
<b>Annual Subscription</b>	<b>\$509.85</b>
<b>Direct Debit (per month)</b>	<b>\$ 42.50</b>
<b>Part Time Subscription</b>	
<b>Part Time – 1 day per week</b>	<b>\$101.95</b>
<b>Part Time – 2 days per week</b>	<b>\$203.90</b>
<small>(direct debit per month does not apply to part time 1 or 2 days per week)</small>	
<b>Part Time – 3 days per week</b>	<b>\$305.90</b>
<b>Direct Debit (per month)</b>	<b>\$ 25.50</b>
<b>Part Time – 4 days per week</b>	<b>\$407.05</b>
<b>Direct Debit (per month)</b>	<b>\$ 34.00</b>
<b>Pre-Registered Subscription</b>	<b>\$ 97.85</b>
<b>Non Working Subscription</b>	<b>\$ 73.50</b>
<small>(Parental Leave, overseas, interstate, retired)</small>	



Health Services Union Vic No. 4 Branch

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[www.ahpv.asn.au](http://www.ahpv.asn.au)