

Payment By Credit Card

Please debit my: PLEASE TICK

Bankcard 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 9625
and have your credit card handy.

Appointment Of A 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 VPA/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 VPA/HSU as your bargaining agent. Please tick the box below if you wish to appoint the VPA/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 VPA/HSU Vic. No. 4 Branch as my Bargaining Agent for the purposes of the Workplace Relations Act 1996 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 VPA will receive no advice or service. Such advice or service will be reserved for members only.
2. Persons who join the VPA 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 VPA Committee.



victorian psychologists
association inc.

The Victorian Psychologists Association Inc.
Health Services Union Vic No. 4 Branch

Mail Box 98, Trades Hall, 54 Victoria Street
Carlton South VIC 3053

Tel: (03) 9623 9625
Fax: (03) 9663 8109

Email: enquiry@vicpsych.org.au
www.vicpsych.org.au



Delivery Address:
Mail Box 98, Trades Hall, 54 Victoria Street,
CARLTON SOUTH VIC 3053

No stamp required
if posted in Australia



Victorian Psychologists Association Inc.
Reply Paid 70649
CARLTON VIC 3053



victorian psychologists association inc.

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 names:

Grid for given names

Surname:

Grid for surname

Date of Birth:

Grid for date of birth

Academic Qualifications:

Grid for academic qualifications

Postal Address:

Grid for postal address

City:

Post Code:

Grid for city and post code

Home Phone:

Grid for home phone

Work Phone:

Grid for work phone

Fax:

Grid for fax

Mobile:

Grid for mobile

Email Address:

Grid for email address

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

Grid for employer name

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

Grid for workplace

Department:

Grid for department

Classification:

Grid for classification

Grade: (E.G. GR 2/YR 2)

Grid for grade

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

Direct Debit Request

Member's Authority I/We :

Grid for member's authority

Authorise the Victorian Psychologists Association Inc. 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 VPA Inc. Direct Debit Request and Service Agreement which is available on the VPA website.

Details of the Account to be Debited

Name of Financial Institution:

Grid for financial institution name

Branch Address:

Grid for branch address

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

Grid for account name

BSB Number:

Grid for BSB number

Account Number:

Grid for account number

I/We authorise the following:

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

Signed: ✕

Date: / /

Customers Address:

Grid for customer address

City:

Post Code:

Grid for city and post code

Subscription Options (✓ PLEASE TICK)

Full-Time Subscription (over 24 hours per week)

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

Part-Time Subscription (8 to 24 hours per week)

- 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.vicpsych.org.au

Sessional Subscription
(Less than 8 hours per week)

Non-Working Subscription
(Parental Leave, overseas, interstate, retired)

For current fees, go to www.vicpsych.org.au or contact our office on 9623 9625.