



26/6/18

NOTICE TO MEMBERS REGION 6

Dear Member,

The RTBU requires you to fill out a new union payroll & traffic fund deduction forms due to the change of employer in region 6.

Once you have completed both forms please return them to your depot delegate who will forward them onto the head office or you can simply email them to Info@rtbu-nswbus.asn.au.

Even if you have filled in union deductions with Transit Systems letter of offer our union membership department still require these forms so they can update our records.

Thanks

Chris Preston
Divisional Secretary
RTBU Tram & Bus Division

David Woollams
Divisional President
RTBU Tram & Bus Division



MEMBERSHIP APPLICATION FORM

Surname		Given Name(s)		Gender <input type="radio"/> Male <input type="radio"/> Female
Street Address		Suburb		Post Code
Home Telephone Number	Work Telephone Number	Mobile Number		
Date Of Birth	Email (work)			
	Email (home)			
Employer	Employee Number	Date Commenced		
Occupation: Eg Train Driver	Work Location/Depot	Employment Status <input type="radio"/> Fulltime <input type="radio"/> Part time <input type="radio"/> Casual		

I, _____ the undersigned, hereby apply to become a member of the Australian Rail, Tram and Bus Industry Union, an Organisation of employees registered under the Fair Work (Registered Organisations) Act 2009 as amended, and hereby undertake to comply with the Rules and By-Laws for the time being of the Union.

Signature of Applicant _____ Dated _____

I, _____ the undersigned, hereby apply to become a member of the Rail, Tram and Bus Union of New South Wales, an Organisation registered under the Industrial Relations Act 1996 (NSW) as amended, and hereby undertake to comply with the Rules and By-Laws for the time being of the Union.

Signature of Applicant _____ Dated _____

- I agree to pay \$ _____ via **DIRECT DEBIT** fortnightly OR **CREDIT CARD** fortnightly. or any other amounts as may be determined from time to time in accordance with the Rules of the Union. I certify that I have received a copy of Rule 14, Notification of Resignation From Membership.
- I/We authorise and request the Australian Rail, Tram and Bus Industry Union, until further notice in writing to arrange for my/ our account described in this direct debit authority, to be debited with any amounts which the debit user may properly debit or charge me/us through the direct debit system.
- I/We authorise my employer to notify the Australian Rail, Tram and Bus Industry Union of any change of address during my employment.
- I/We authorise and request this direct debit authority to remain in force until cancelled, deferred or otherwise altered in accordance with this service agreement.

Signature of Applicant _____ Dated _____

DETAILS OF THE ACCOUNT TO BE DEBITED

Account Name **OR** Name on Credit Card _____

Financial Institution _____

Branch _____ Date of next pay _____

IMPORTANT Members need to specify the date of their next pay so that when the membership fee debit occurs on a Friday there is sufficient money in the account to ensure the transaction is not dishonoured which results in you then being charged an additional fee by your bank.

Bank/State Branch No. (BSB) _____ Account No./If Credit Union Membership No. _____

Card Type MasterCard Visa Expiry Date ____ / ____

Credit Card Number _____

SUBMIT

Please **Email** your completed form to nswho@rtbu-nsw.asn.au by using the submit button
Post: Level 4, 321 Pitt Street, Sydney NSW 2000 or **Fax:** 02 9261 1342 • **Tel:** 02 9264 2511



PAYROLL DEDUCTION FORM

TO:
[Insert correct name of employer as appears on payslip].

I,

of
[Insert address]

authorise
[Insert name of employer as above]

to deduct from my wages or salary the amount of per fortnight and to pay the amount to the Australian Rail, Tram and Bus Industry Union, New South Wales Branch ("Union") as membership contributions or such other amounts that may be payable by me for membership contributions to the Union as determined pursuant to its Rules and which has been advised in writing to you by the Union.

This Authority to commence deductions is to apply from the first available pay period after the date of the signing of this form. This Authority shall remain in force until revoked by me in writing.

In consideration of making such deductions and payment as above, I agree to hold
[Insert name of employer as above]

and every employee thereof indemnified against any claim arising out of any act in pursuance of this Authority.

I also authorise
[Insert name of employer as above]

to notify the Union of any changes to my address, classification and work location.

Name

Location

Staff Number

SIGNATURE

DATE



RAIL, TRAM AND BUS UNION BUS & TRAM DIVISION
NEW SOUTH WALES

AUTHORITY TO DEDUCT SUBSCRIPTIONS - TRAFFIC FUND

FULL TIME EMPLOYEES / PART TIME EMPLOYEES

I _____ hereby authorise you to deduct from my wages each fortnight the sum of _____ or such other amount as from time to time may be fixed and determined in accordance with the rules and forward the said sum to the Rail, Tram and Bus Union Bus and Tram Division as my subscription to the Traffic Fund. All payments made on my behalf pursuant to this request shall be deemed to be payments to me personally and in consideration on you making such deductions and payments as above I agree to hold the State Transit Authority of New South Wales and every employee thereof indemnified against any claim arising out of any act in pursuance of this authority.

CASUAL EMPLOYEES / TEMPORARY EMPLOYEES

I _____ hereby authorise you to deduct from my wages each fortnight the sum of _____ being for **13 weeks** **26 weeks** in accordance with the rules and forward the said sum to the Rail, Tram and Bus Union Bus and Tram Division as my subscription to the Traffic Fund.

This method of payment is available to casual/temporary employees because of irregular hours and time periods they are employed. This form of payment enables casual/temporary employees to pay in advance to ensure they remain up to date. All members **must be financial** to obtain benefits. Casual/temporary employees are to complete this form, nominate the time period of coverage (by placing a tick in the box of your choice above). This form must be filled out and returned to the Union Office **before** the expiry date of your current term. Please note that this form is available for your Union Delegate in your depot.

**Please complete the portion that applies to you Above
and The Remainder portion must be completed in its entirety.**

SURNAME: _____

GIVEN NAMES: _____

STAFF NO: _____ **SIGNATURE:** _____

DEPOT: _____

DATE OF APPLICATION: _____

UNION DELEGATE WITNESS: _____

NOTE: Blue copy to be forwarded to the State Transit Authority
Yellow copy to be forwarded to Union Office

The Union is bound by the Privacy Act. This information is only used for Union Purposes.
The Union's Privacy Statement is available from the Union's Web Site or by contacting the Union Office.