



The University of Western Australia  
**Academic Staff Association**

**APPLICATION FOR MEMBERSHIP – SALARIED STAFF ONLY**

Title (Mr/Ms/Dr/Prof etc):	Surname:
Given names:	
School:	
Position:	Mail Delivery Point: M
Telephone (W):	Mobile:
Email:	
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not To Say
Home address:	
Postcode:	
<b>Mode of Employment: Select as applicable</b> <input type="checkbox"/> Teaching only <input type="checkbox"/> Research only <input type="checkbox"/> Research/Teaching <input type="checkbox"/> Ongoing <input type="checkbox"/> Fixed Term Contract: Date of Expiry _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time – Hours p.w. or % _____	<b>Salary Level:</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> E

**I hereby apply for membership of the UWA Academic Staff Association:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Information provided by UWAASA members is used only to conduct the principal activities of the association. The information collected by UWAASA on this form is confidential. Information collected for the payment of membership dues is provided only to the relevant financial institution. In respect of commercial or marketing activities, no individual member information is provided to third parties without the consent of a member. More detailed information is collected from members in relation to individual cases.

**UWAASA PAYROLL DEDUCTION AUTHORITY**

I (please print full name) \_\_\_\_\_

of (home address) \_\_\_\_\_

Postcode: \_\_\_\_\_

Staff payroll number (if known) \_\_\_\_\_

**hereby authorise the University of Western Australia** or its duly authorised servants and agents to deduct from my salary by regular instalments, dues and levies (as determined from time to time by the UWAASA) to the UWAASA or its authorised agents. All payments on my behalf and in accordance with this authority shall be deemed payments to me personally. This authority shall remain in force until revoked by me in writing. I also consent to my employer supplying the UWAASA with updated information relating to my employment status.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Deductions of 0.16% of your annual salary are made fortnightly. You may resign by written notice to UWAASA with written authority to UWA to cease payroll deductions. Resignation shall take effect within two weeks of the date on which the notice is received or on the day specified in your notice, whichever is later. Members are required to pay dues and levies as set out by UWAASA from time to time in accordance with the UWAASA rules.

**PLEASE COMPLETE, SIGN AND POST IN INTERNAL MAIL TO UWAASA, M004**