



**AMBULANCE EMPLOYEES ASSOCIATION OF SOUTH AUSTRALIA**  
108 South Road, West Hindmarsh 5007 Ph: 08 83403511

**APPLICATION FORM**

**AUTHORITY FOR DEDUCTION OF UNION SUBSCRIPTIONS**

**TO: THE HONOURABLE THE TREASURER OR THE CHIEF EXECUTIVE**

I, the undersigned, hereby apply to become a member of the above Association

I,.....  
(Employees Surname) (Given Names)

OF.....  
(Private Address)

..... **POST CODE**.....

**CLASSIFICATION**:..... **DATE OF BIRTH**.....

**HOME PHONE NO**:..... **MOBILE**:.....

**STATION**..... **PAY NO**:.....

**I HEREBY AUTHORISE** you to pay to **the AMBULANCE EMPLOYEES' ASSOCIATION OF SOUTH AUSTRALIA** hereinafter called "the union" of which I am a member, **the sum of 1.36% of the base rate per fortnight** (hereinafter called "the subscription") out of any wages or salary due or becoming due to me by the Government of South Australia **provided:**

1. that this authorisation may be cancelled by me upon my subsequent written authority.
2. that where the rates of subscription are varied by the union in accordance with its rules the amount of subscription may be varied by you accordingly following receipt by you of notice in writing from the union of such variation.
3. in the event that I cease at anytime to be a member of the union I shall notify the relevant payroll section of the date from which this authorisation shall cease.

Signature of Employee .....

Dated this.....day of.....200

**Notes**

- Note 1 This form must be personally signed by the employee (not by an agent). Deductions will only occur where the original of this form duly signed is forwarded to the relevant payroll section (including by facsimile).
- Note 2 Regular fortnightly or monthly deductions only to be made according to the relevant pay period. Quarterly, half-yearly and annual subscriptions, arrears and special levies are not to be deducted.
- Note 3 Unions are to advise departments of variations in scales of rates of subscriptions prescribed by union rules.
- Note 4 Unions are to comply with department procedures after timely advice.
- Note 5 Departments are to pay unions fortnightly or four-weekly and to supply a reconciliation of total subscriptions deducted where required.

**This Part is for Office Use Only**

Payroll

D/Base

Email

Pack