

## **APPLICATION FOR CEPU MEMBERSHIP**

Membership No [OFFICE USE ONLY]						
Application By: Mr Mrs Ms Miss (please circle)						
Surname [Block Letters]	-					
First Names	_					
Address: Street	-					
Suburb Post Code	_					
Date of Birth/						
Job Type (ie Electrician, Plumber, Apprentice)						
Phone Mobile						
Hm Email						
Wk Email	_					
Present Employer	_					
Location/Site	_					
Department	_					
Apprenticeship Dates:						
Commenced/ to Completed/						
Have you previously been a member of a Union? If so, which Branch/Uni	ion?					
I the undersigned hereby agree to become a member of the COMMUNICATIONS ELECTRIC PLUMBING & ALLIED SERVICES UNION OF SOUTH AUSTRALIA organisation of employees, AUSTRALIAN BRANCH OR THE PLUMBERS & GAS FITTERS EMPLOYEES UNION OF AUSTRAL to pay an Entrance Fee and Contributions. I pledge myself to comply with the Rules of suc are legally made to such Rules. I understand that resignations MUST be in writing, bearing	ELECTRIC LIA, ADEL h Union,	CAL TR LAIDE and to	RADES UI BRANCH o any an	NION OF A H, respect mendmen	AUSTRALIA, ively, and I p ts or additio	SOUTH romise ns whic
Signature of Applicant	Date _		_/	/_		
Witness to Applicant's signature	-					

Please complete this form and post to:

Union membership is Tax deductible

Level 1, 87 St. Vincent Street, Port Adelaide SA 5015 **Ph:** (08) 8234 2130

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