



RTBU

APPLICATION FOR MEMBERSHIP

Australian Rail, Tram and Bus Industry Union

Australian Rail, Tram and Bus Industry Union of Employees, Western Australia Branch

2/10 Nash Street, Perth WA 6000

Phone: (08)9225 6722

Fb: @ARTBIUWesternAustralia

Email: general@rtbuwa.asn.au

Website: www.rtbuwa.asn.au

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* (Cth) (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 Australian Rail, Tram and Bus Industry Union of Employees, Western Australia Branch, an Organisation of Employees registered under the *Industrial Relations Act 1979* (WA) and hereby undertake to comply with the Rules and by-laws for the time being of the Union.

Signature of Applicant: _____ Dated: _____

Surname				(Optional) M / F / Other: _____
Given Name				DOB: _____
Postal Address (Compulsory) <small>(Pursuant to the <i>Fair Work (Registered Organisations) Act 2009</i> (Cth) section 230)</small>	_____ _____ _____			
Residential Address (if different)	_____ _____			
Contact	Home: _____	Work: _____	Mobile: _____	
Email	_____			
Employer	_____			
Location/Depot	_____			
Occupation/Position	_____			
Employee number	_____			
Employment status	Full time: _____	Part time: _____	Casual: _____	

Subscription Rates – From January 2026

Period	Amount	Option
Fortnight	\$29.00	
3 Months	\$188.50	
6 Months	\$377.00	
12 Months	\$754.00	

Direct Deposit into Union Account:

For 3, 6, 12 Month options ONLY

Australian Rail, Tram and Bus Industry Union

BSB: Provided once Invoiced Account No: Provided once Invoiced

SURNAME AND SERVICE NUMBER MUST BE INCLUDED

Membership forms may be mailed, emailed, or handed in at the Union Office.

Cheques or Money orders can be mailed or handed in at the Union Office.

For **fortnightly direct debits**, please complete the Direct Debit Request on the reverse.

NOTE: CREDIT CARDS AND EFTPOS PAYMENTS ARE AVAILABLE

^ (Please call 9225 6722 to arrange)



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DIRECT DEBIT DETAILS FORM

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This Direct Debit Request is governed by the RTBU WA Branch Direct Debit Request Service Agreement.

Member Authority:

I _____ (name of member) authorise the **Australian Rail, Tram and Bus Industry Union** to arrange funds to be debited from my 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 **Direct Debit Request Service Agreement**.

Signature: _____

Date: _____

Details of the Account to be Debited (all details must be supplied):

Financial Institution: _____

Account Name: _____

BSB: _____

Account Number: _____

This Direct Debit Request is governed by the RTBU WA Branch Direct Debit Request Service Agreement.

Office Use Only:

New Member:

Change of Account:



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CREDIT CARD DETAILS FORM

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Website: www.rtbuwa.asn.au

Member Authority:

I _____ (name of member) authorise the **Australian Rail, Tram and Bus Industry Union** to arrange funds to be debited from my nominated credit card account identified below.

This authorisation is to remain in force in accordance with the terms described in the **Direct Debit Request Service Agreement**.

Signature: _____

Date: _____

Details of the Credit Card Account to be Debited (all details must be supplied):

We only accept Master / Visa (please circle applicable choice)

Name on Card: _____

Card Number (16 Digit): _____

Expiry: _____

Office Use Only:

New Member:

Change of Account:



DIRECT DEBIT SUMMARY AND MEMBER ACKNOWLEDGEMENTS

IMPORTANT

Direct debit payments are made in accordance with the RTBU WA Branch Direct Debit Request Service Agreement.

Key reminders for members:

1. It is the member's responsibility to ensure sufficient cleared funds are in the nominated debiting account when the payments are drawn.
2. If the due date for payment/debit falls on a non-banking day, the payment/debit will be processed on the next banking day.
3. Advise the Union promptly if your account details change.
4. Cancelling a direct debit does not of itself constitute resignation from membership.
5. Ending employment with your employer does not of itself constitute resignation from membership.



RULE 14 – RESIGNATION FROM MEMBERSHIP

1. A member may resign from membership of the Union by written notice addressed and delivered to the Secretary of his/her Branch.
2. A notice of resignation from membership of the Union takes effect:-
 - a) where the member ceases to be eligible to become a member of the Union:-
 - i. on the day on which the notice is received by the Union; or
 - ii. on the day specified in the notice, which is a day not earlier than the day when the member ceases to be eligible to become a member;whichever is later; or
 - b) In any other case:-
 - i. at the end of two weeks; or
 - ii. on the day specified in the notice;whichever is later.
3. Any subscriptions, fees, fines and levies owing but not paid by a former member of the Union in relation to a period before the member's resignation took effect, may be sued for and recovered in the name of the Union in a Court of competent jurisdiction, as a debt due to the Union.
4. A notice delivered to the Branch Secretary shall be deemed to have been received by the Union when it was delivered.
5. A notice of resignation that has been received by the Union is not invalid because it was not addressed and delivered to the Branch Secretary.
6. A resignation from membership of the Union is valid even if it is not effected in accordance with this Rule, if the member is informed in writing by or on behalf of the Union that the resignation has been accepted.
7. If a financial member retires from employment permanently or changes employment to a position not covered under these rules by the union, the member shall be entitled to transfer to the status of Health Fund Member.