

Retail and Fast Food Workers Union Membership Application Form for Coles Supermarkets

 /RAFFWU
  membership@raffwu.org.au
  www.raffwu.org.au
  1300 RAFFWU (1300 723 398)

For office use

**RETAIL AND
FAST FOOD
WORKERS
UNION**

Title	First Name(s)	Surname
Home Address		
Suburb	State	Postcode
Mobile	Gender (Optional)	Date of Birth
Coles Employee Number (Optional)		Department
Coles Store Location (Suburb or Centre Name)		Coles Store Code

Coles Services Employee
 Salaried Staff (note the backup option below will be used instead of Payroll Deduction)

Membership Application and Payroll Deduction Authority

I HEREBY APPLY FOR MEMBERSHIP OF THE RETAIL AND FAST FOOD WORKERS UNION INCORPORATED. I SUPPORT THE PURPOSES OF THE UNION AND AGREE TO COMPLY WITH THE RULES OF THE UNION. I hereby authorise Coles Supermarkets, or any successor of Coles Supermarkets, including its servants and agents, to deduct from my wages the dues and levies (as determined from time to time by the Retail and Fast Food Workers Union) and remit them to RAFFWU or its authorised agents. All payments on my behalf and in accordance with this authority shall be deemed to be payments by me personally. This authority shall remain in force until revoked by me in writing. I also consent to my employer supplying RAFFWU with updated information relating to my employment status. I authorise the Retail and Fast Food Workers Union to provide this form to Coles Supermarkets, including any successor, for the purpose of enabling deductions here authorised.

Sign here to join

SIGN HERE

DATE

You may resign by written notice to the Secretary. Where you cease to be eligible to become a member, resignation shall take effect on the date the notice is received or on the day specified in your notice, whichever is later. In any other case, you must give at least two weeks notice. Members are required to pay dues and levies as set by the Union from time to time in accordance with the Union rules. Further information on financial obligations, including a copy of the rules, is available from your Union including at our website.

RAFFWU encourages members to appoint RAFFWU as their bargaining representative.

I HEREBY APPOINT THE RETAIL AND FAST FOOD WORKERS UNION INCORPORATED AS MY BARGAINING REPRESENTATIVE FOR THE PURPOSES OF BARGAINING AN AGREEMENT WITH MY EMPLOYER AND IN ANY MATTER BEFORE THE FAIR WORK COMMISSION THAT RELATES TO BARGAINING

SIGNATURE:

**Appoint RAFFWU
for Bargaining**

NOTE: Only for members wishing to resign from SDA.

I, HEREBY RESCIND ANY AND ALL AUTHORITY FOR COLES SUPERMARKETS OR ANY OF ITS SUCCESSORS TO DEDUCT SDA MEMBERSHIP FEES FROM MY PAY. THIS SERVES AS ADVICE UNDER S.324 (2) (B) OF THE FAIR WORK ACT.

SIGNATURE:

**Sign here to stop
SDA deductions**

Membership Types & Weekly Fees (From July 2021)

Under 18 years old	\$2.55
Casual Contract	\$4.05
Contracted less than 20hrs a week	\$6.60
Contracted 20hrs or more a week	\$9.90

To find out more about getting involved in RAFFWU, tick this box **Recruited by**

Backup Payment Method - RAFFWU encourages members to put in place one backup payment method should Coles Supermarkets decide to no longer offer unions Payroll Deduction facilities in the future. These will only be used after we give you one month notice that Payroll Deductions will cease

BACKUP OPTION 1 - DIRECT DEBIT AUTHORITY (PROCESSED ON THE 1ST WEDNESDAY AFTER THE 14TH OF THE MONTH)

Insert Name

request and authorise Retail and Fast Food Workers Union Incorporated, APCA User ID No. 508210 to arrange a debit to your nominated account to pay for monthly membership fees Retail and Fast Food Workers Union Incorporated has deemed payable by you, continuing until cancellation. This debit will be arranged through the Bulk Electronic Clearing System Framework (BECS) from your nominated account and will be subject to the terms and conditions of the Direct Debit Request Service Agreement. Full text of the DDRSA available at www.raffwu.org.au/ddr. By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you confirm that you are authorised to operate the nominated account and you have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Request Service Agreement.

Financial Institution Name

BSB Acc No

Sign Here Date

BACKUP OPTION 2 - CREDIT CARD (PROCESSED ON THE 16TH OF EACH MONTH OR SUBSEQUENT WORKING DAY)

Mastercard Visa

Name on card

Card Number

Expiry CCV

Sign Here

Date

I hereby authorise the Merchant to debit my Card account with the amount and at intervals specified above and in the event of any change in the charges for these goods/services to alter the amount from the appropriate date in accordance with such change. This authority shall stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of its cancellation. Standing Authority for Recurrent Periodic Payment by Credit Card.