

AIRPORT WORKERS DEMAND SAFE & SECURE SKIES



TWU
Carrying Australia



**SAFE &
SECURE
SKIES**



NATIONAL DAY OF ACTION NOV 8

While airports make billions of dollars in profit, aviation workers are struggling on low pay, understaffing and insecure work.

Join your protest to demand airports are held to account to ensure:

SAME JOB: SAME PAY

All workers across the sector receive fair pay and conditions

SECURE WORK

Direct, permanent, full-time work and protections

ENOUGH IS ENOUGH.

Thousands of workers are taking action across the country to demand fair pay and conditions.

JOIN YOUR PROTEST:

**9:00am Meet at
Rydges Sydney
Airport Hotel**

**TOGETHER, WE ARE STRONGER.
JOIN NOW FOR A BETTER FUTURE.**

www.twunsw.org.au/join

 twunsw.org.au
 facebook.com/TWUNSW
 twitter.com/TWUNSW

Authorised by Richard Olsen,
State Secretary, Transport Workers' Union of NSW,
22 John Hines Avenue, Minchinbury NSW 2770
p: 1800 729 909 e: info@twunsw.org.au



TRANSPORT WORKERS' UNION NSW MEMBERSHIP FORM



TITLE	FIRST NAME	SURNAME	PREFERRED NAME	DOB
Mr Ms				/ /

ADDRESS

SUBURB	STATE	POSTCODE

EMAIL	MOBILE

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Please indicate:
--------------------------	----	--------------------------	-----	------------------

EMPLOYER/PRINCIPAL CONTRACTOR	OCCUPATION

I AM A

<input type="checkbox"/>	Full time permanent	<input type="checkbox"/>	Part time permanent	<input type="checkbox"/>	Casual	<input type="checkbox"/>	Owner Driver
--------------------------	---------------------	--------------------------	---------------------	--------------------------	--------	--------------------------	--------------

YARD ADDRESS

I, the undersigned, hereby apply to be enrolled as a member of the Transport Workers' Union of New South Wales and the Transport Workers' Union of Australia (NSW Branch) in accordance with the Constitution and Rules of both bodies, by which I agree to be bound, and I appoint the TWUNSW and the TWUAUS as my bargaining agent.

Applicant's signature: X

Date: / /

JOINED BY

METHOD OF PAYMENT			PAYMENT FREQUENCY								
<input type="checkbox"/>	Direct Debit	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Payroll Deduction	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	Full Year

DIRECT DEBIT SYSTEM DEDUCTION AUTHORITY RETURN TO TWU (22 John Hines Avenue, Minchinbury NSW 2770)

I/We (name in full)

request you until further notice in writing to debit to my/our account described in the schedule below, any amounts which the TWU of NSW (User ID No. 092698) may debit or charge me/us through the Direct Debit System.

NOTE: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.

NAME OF FINANCIAL INSTITUTION	ADDRESS OF FINANCIAL INSTITUTION

ACCOUNT NAME	BSB	ACCOUNT NUMBER

SIGNATURE	DATE
X	/ /

CREDIT CARD TYPE	SIGNATURE			
<input type="checkbox"/>	Visa	<input type="checkbox"/>	Mastercard	X

CREDIT CARD NUMBER	EXPIRY DATE
<input type="text"/>	<input type="text"/>

OFFICE USE ONLY: Membership No:

Name:

TWUNSW

TWUAUS