



**FLIGHT ATTENDANTS'
ASSOCIATION OF AUSTRALIA**
THE VOICE OF AUSTRALIAN CABIN CREW

A Registered Employee Organisation under the Fair Work (Registered Organisations) Act 2009
20 Ewan Street, Mascot NSW 2020 - Ph: 02 8337 1111 Fax: 02 8337 1122
Email: info@faaa.org.au

Membership Fees are Tax Deductable

Title: (Please circle) Miss Ms Mrs Mr

I,
(Surname) (First Name)

of,
(Street address) (Town/Suburb) (State) (Postcode)

hereby apply to be admitted to membership of the Flight Attendants' Association of Australia in accordance with its rules which I agree to observe. I undertake to pay my membership subscriptions as determined from time to time by the Divisional Council of the National Division of the Association and to arrange for them to be remitted to the Association. I understand that to resign from my membership the Association must receive my request in writing in order for it to become effective

Signed: Date: / /

PLEASE COMPLETE DETAILS BELOW
Details will remain confidential for FAAA use only

Tel: Mobile:

Facsimile: Email:

D.O.B Airline:

Staff No: Category (eg F/A)

Date of Commencement: Base:

PLEASE TURN OVER FOR PAYMENT OPTIONS

OPTION 1 DIRECT DEBIT

This option deducts subscriptions automatically from your Bank or Credit Union account on a fortnightly basis.

INSTRUCTION TO DIRECT DEBIT

I
(Surname) (Given Name)

Authorise you the Flight Attendants' Association of Australia User ID Number 063266 to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed through the Bulk Electronic Clearing System (BECS). In the event of changes to subscription rates I authorise the FAAA to alter the amount from the appropriate date in accordance with such changes. (Any changes to rates will be advertised in an FAAA newsletter)

Signed:	Date:
Name of Financial Institution:	Branch:
Account Name:	
BSB No:	Account Number:

OPTION 2 CREDIT CARD

CREDIT CARD AUTHORISATION

I
(Surname) (Given Name)

hereby authorise the Flight Attendants' Association of Australia (FAAA) to charge my credit card automatically on the first working day of the cycle nominated below.

In the event of changes to subscription rates I authorise the FAAA to alter the amount from the appropriate date in accordance with such changes. (Any changes to rates will be advertised in an FAAA newsletter).

Date:/...../.....

Monthly↑ Quarterly↑ Half Yearly↑ Yearly↑

Cardholders Name:
Type of Credit Card: Please circle one MasterCard Visa Card
Credit Card Expiry Date:
Card Number: -----
Cardholders Signature:

PLEASE SEND COMPLETED MEMBERSHIP FORM TO THE FLIGHT ATTENDANTS' ASSOCIATION (NATIONAL DIVISION)

at 20 Ewan Street Mascot NSW 2020 Fax: 02 8337 1122

Email: info@faaa.org.au