





The University of Western Australia  
**Academic Staff Association**

# APPLICATION FOR MEMBERSHIP

## CASUAL ACADEMIC STAFF ONLY

Title (Mr/Ms/Dr/Prof etc):	Surname:
Given names:	
Position:	
Sub unit:	Mail Delivery Point: M
School:	
Faculty:	
Telephone (W):	Facsimile (W):
Email:	
Date of Birth:     /     /	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home address:	
Postcode:	
Job Classification:	

**I hereby apply for membership of the UWA Academic Staff Association and confirm that I am employed at UWA on a casual basis:**

**Signed:**

**Date:**

Information provided by UWAASA members is used only to conduct the principal activities of the association. The information collected by UWAASA on this form is confidential. Information collected for the payment of membership dues is provided only to the relevant financial institution. In respect of commercial or marketing activities, no individual member information is provided to third parties without the consent of a member. More detailed information is collected from members in relation to individual cases.

Membership Fee for Casual Staff: \$20 per annum.  
Transfer to: UWAASA BSB 036 054 Account 344241  
Please reference your name for easy identification.  
Membership commences when completed application and fee are received.

**PLEASE COMPLETE, SIGN AND POST IN INTERNAL MAIL TO UWAASA, M004**