



# TIP TRUCK OWNERS' SECTION OF THE TRANSPORT WORKERS' UNION OF NEW SOUTH WALES



TITLE	SURNAME	FIRST NAME	DOB
Mr Ms			/ /

## ADDRESS

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SUBURB	STATE	POSTCODE

EMAIL	MOBILE

COMPANY NAME	MAKE & MODEL OF VEHICLE

TRUCK REGISTRATION	BODY CAPACITY

TRAILER REGISTRATION	TRAILER CAPACITY

PBS Combination	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to be in the contact list for Tippers United?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## I AM A

<input type="checkbox"/> Contract Carrier	<input type="checkbox"/> Fleet Owner	<input type="checkbox"/> Combination Operator
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I, the undersigned, hereby apply to be enrolled as a member of the Tip Truck Owners' Section of the Transport Workers' Union of New South Wales in accordance with the Constitution and Rules of both bodies, by which I agree to be bound, and I appoint the Tip Truck Owners' Section of the Transport Workers' Union of New South Wales as my bargaining agent.

Applicant's signature: X

Date: / /

## PAYMENT AUTHORITY

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 TTOS of the TWU of NSW (User ID No. 092698) may debit or charge me/us through the Direct Debit System.

NAME OF FINANCIAL INSTITUTION	ADDRESS OF FINANCIAL INSTITUTION

ACCOUNT NAME	BSB	ACCOUNT NUMBER

SIGNATURE	DATE
X	/ /

CREDIT CARD TYPE	SIGNATURE
Visa Mastercard	X

CREDIT CARD NUMBER	EXPIRY DATE

## 2022 PAYMENT DETAILS

<input type="checkbox"/> Full year, paid before 31 January	<input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Fees include GST
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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

Authorised by Peter Gregoriades  
Secretary, Tip Truck Owners' Section of NSW  
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