

Students can join Together for just \$5.



Together has a long history of representing health workers in both the public and private sector. Together is the union for doctors, allied health professionals and scientists. In Queensland Health Together represents "Health Practitioners" or HP's and Medical Officers at all levels. In the private sector Together represents allied health professionals across a range of hospital and clinical settings and in universities.

In recent years union members in your industry have achieved significant outcomes such as large pay increases for starting graduates, improved career paths, reasonable workloads, support for rural practitioners and fought back against unfair contracts for senior medical officers and senior HPs.

Together has an extensive network of delegates to support members who work in your field so when you start your new career you won't be on your own.

Allied Health professionals when joining Together as full members also receive the benefit of our Professional Indemnity cover as part of your union membership.

As a student, so that you can be in touch with your union you can join Together for just \$5. It's a great way to start receiving information about what is happening in the working environment for your profession.

Join today.

Student Membership Application

I hereby make application for membership of the Australian Municipal, Administration, Clerical and Services Union, Queensland Together Branch and Together Queensland, Industrial Union of Employees and I agree to abide by the Union Rules, which may be amended from time to time. I understand I remain a member of Together Union until I provide two weeks written notice of intention to resign my membership.

Title (please tick) Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other	
Name	
Preferred name	Date of Birth Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Home address	
Suburb/city	Postcode
Phone (H)	Phone (W)
Fax (W)	Mobile
Email address	
University/tertiary institution	Estimated date of graduation
Course	

Together will contact you following your graduation in regards to transitioning to full membership

PAYMENT

Card holder's name	
Expiry Date	Card type Bankcard <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/>
Card no.	

X SIGN HERE	Date
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Please **fax** your completed form to **3017 6235**, or **mail** to **REPLY PAID, PO Box 3272 South Brisbane 4101** (No stamp required) or **hand back** to your Together delegate or organiser.

Together Student Membership Receipt

Name

Amount

