

# Kickstart your career!

Allied Health Professionals have a long and proud history of standing up for better workplaces and services as part of their union Together.

Allied health professionals know that their work makes a world of difference to the care and health of their clients and the community.

That's why Together members have worked together to secure good career pathways, better pay and access to professional development.

As a Together member, you will be part of a massive network of allied health professionals across Queensland who are building better workplaces and providing quality care to our communities.



# Kickstart your career: Join your union!



## \$5 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	Future Occupation

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

### Credit card payment

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

### Direct Debit payment

Name account is held in	
Name of your Bank or Credit Union	
Address of Bank or Credit Union	
BSB no.	Account number

**X SIGN  
HERE**

Date

Printed & Authorised Alex Scott Together Branch Secretary,  
L1 27 Peel Street South Brisbane 4101

Please fax your completed form to 3017 6235, or mail to REPLY PAID, PO Box 3272 South Brisbane 4101 (No stamp required) or scan and email to [members@together.org.au](mailto:members@together.org.au) or hand back to your Together delegate or organiser.