

PROBATION AND COMMUNITY CORRECTIONS OFFICERS' ASSOCIATION

MEMBERSHIP FORM

- I want to join PACCOA as an Individual (\$5 per fortnight / \$130 per year)
- I want to join PACCOA as an Associate (\$65 per year)
- I want to join PACCOA as a student (\$65 per year)

Please complete your personal details:

SURNAME	STATE/TERRITORY
<input type="text"/>	<input type="text"/>
GIVEN NAMES/S	DEPARTMENT, AGENCY OR COMPANY
<input type="text"/>	<input type="text"/>
DATE OF BIRTH	BRANCH, SECTION OR UNIT
<input type="text" value="/"/> / <input type="text" value="/"/>	<input type="text"/>
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DIFFERENT IDENTITY	
HOME ADDRESS	PHYSICAL WORK ADDRESS
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text" value="POST CODE"/>	<input type="text" value="POST CODE"/>
EMAIL	PHONE
<input type="text"/>	<input type="text"/>

I agree to be bound by the Association's current Rules and Code of Ethics (available at paccoa.org.au)

APPLICANT SIGNATURE	DATE
<input type="text"/>	<input type="text" value="/"/> / <input type="text" value="/"/>
PROPOSED BY MEMBER (NAME)	STATE/TERRITORY
<input type="text"/>	OF <input type="text"/>
SIGNATURE	DATE
<input type="text"/>	<input type="text" value="/"/> / <input type="text" value="/"/>
SECONDED BY MEMBER (NAME)	STATE/TERRITORY
<input type="text"/>	OF <input type="text"/>
SIGNATURE	DATE
<input type="text"/>	<input type="text"/>



PACCOA
LINKING · LEARNING · LEADING

 paccoa.org.au

 enquiry@paccoa.org.au



PROBATION AND COMMUNITY CORRECTIONS OFFICERS' ASSOCIATION

 /

AUTHORITY FOR DEDUCTIONS FROM SALARY & WAGES

(Rule 5 Clause 1)

The Accountant,

OF

DEPARTMENT/AGENCY OR COMPANY

STATE/TERRITORY

I,

FULL NAME

EMPLOYED AT

EMPLOYEE NUMBER

BRANCH, SECTION OR UNIT

Hereby authorise you to deduct from my salary or wages payable in respect of my employment with you, the sum of five dollars (\$5.00) or such other sum as may be determined by the PACCOA Executive from time to time in accordance with the Constitution) each fortnight and to remit the amount so deducted to the Probation and Community Corrections Officers' Association Incorporated. All amounts remitted on behalf, pursuant to this authority, shall be deemed to be payments made to me personally. This authority is to remain in force until such time as I withdraw it personally in writing.

Funds are to be remitted to:

Account Name: Probation and Community Corrections Officers' Association

BSB: 037608

Account Number: 195888

Bank: Westpac

Branch: 75 Brisbane Street, Launceston, 7250

SIGNATURE

DATE

THE COMPLETED FORM IS TO BE RETURNED TO THE DELEGATE IN YOUR JURSDICTION ALONG WITH THE COMPLETED APPLICATION FOR MEMBERSHIP. PLEASE CONFIRM THE POSSIBILITY OF SALARY DEDUCTION WITH YOUR PAYROLL SECTION IN THE ABSENCE OF DELEGATE ADVICE.



PACCOA
LINKING · LEARNING · LEADING

 paccoa.org.au

 enquiry@paccoa.org.au

