



Update your union membership details

Membership Number: _____

Name: _____

Preferred Name: _____

Home Address: _____

Postal Address: _____

Phone: (w) _____ (h) _____

_____ (m) _____ Fax: _____

E-mail: _____

Department/Corporation: _____

Job Title: _____

Classification: _____ Level: _____

Gross Fortnightly Salary: \$ _____

Status: (please tick)

Perm. full-time Perm. part-time Casual Contract Temporary

Other: _____

Work Street Address: _____

Work Postal Address: _____

I would like to identify as an Aboriginal or Torres Strait Islander Yes No

Thank you for your assistance in maintaining the QPSU database