



**FLIGHT ATTENDANTS' ASSOCIATION OF AUSTRALIA**  
(An Organisation Registered under the Workplace Relations Act 1996)

**MEMBERSHIP APPLICATION FORM**

I, \_\_\_\_\_  
FULL NAME

of, \_\_\_\_\_  
ADDRESS

Hereby apply to be admitted to membership of the Flight Attendants' Association of Australia in accordance with its rules which I agree to observe. I undertake to pay my membership subscriptions as determined from time to time by the Federal Council of the Association and to arrange for them to be remitted to the Association. I understand that to resign from my membership the Association must receive my request in writing in order for it to become effective.

Signed: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE COMPLETE DETAILS FOR FAAA OFFICE USE ONLY**  
**STRICTLY CONFIDENTIAL**

FAMILY NAME: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

TITLE Miss Ms Mrs Mr

ADDRESS: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Airline: \_\_\_\_\_

Staff No: \_\_\_\_\_ Category (eg F/A) \_\_\_\_\_

Date of Commencement: \_\_\_\_/\_\_\_\_/\_\_\_\_ Branch: \_\_\_\_\_



**FLIGHT ATTENDANTS' ASSOCIATION OF AUSTRALIA – DOMESTIC/REGIONAL DIVISION**

Unit 18,538 Gardeners Rd Alexandria NSW 2015

Ph: 02 9669 5366 Fax: 02 9669 5388

Email: [info@faaadomestic.org.au](mailto:info@faaadomestic.org.au)



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**OPTION 1  
DIRECT DEBIT**

This option deducts subscriptions automatically from your Bank or Credit Union account on a fortnightly basis.

Name:	
Address:	
	Postcode:
Tel:	Mobile:
Email	
Company Staff No:	Base
Airline/Employer	

**INSTRUCTION TO DIRECT DEBIT**

I \_\_\_\_\_  
Surname Given Name

Authorise you the Flight Attendants' Association of Australia User ID Number 063266 to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed through the Bulk Electronic Clearing System (BECS). In the event of changes to subscription rates I authorise the FAAA to alter the amount from the appropriate date in accordance with such changes. (Any changes to rates will be advertised in an FAAA newsletter)

Signed:
Date:
Name of Financial Institution:
Branch:
Account Name: <small>Please insert exact name eg: A.B. Long</small>
BSB No: <small>Six digit number in from of your account number: _ _ _ _ _ _</small>
Account No:

**Membership Fees are Fully Tax Deductible**

**OPTION 2  
DIRECT PAYMENT**

This option requires you to authorize a credit card payment on a periodic basis.

Name:	
Address:	
	Postcode:
Tel:	Mobile:
Email	
Company Staff No:	Base
Airline/Employer	

**CREDIT CARD AUTHORISATION**

Date: / /

- Monthly
- Quarterly
- Half Yearly
- Yearly

I hereby authorise the Flight Attendants' Association of Australia (FAAA) to charge my credit card automatically on the first working day of the cycle nominated above.

In the event of changes to subscription rates I authorise the FAAA to alter the amount from the appropriate date in accordance with such changes. (Any changes to rates will be advertised in an FAAA newsletter)

**Type of Credit Card (please tick ✓)**

- Bankcard
- Mastercard
- Visa Card

Cardholders Name:
Credit Card Expiry Date: / /
Card Number:
Cardholders Signature: