



NSW RAILWAY INSTITUTE INC.
Old Railway Station Terminus St Petersham

Tel No. 9752 8223
Fax No. 9752 8217

P.O. BOX 159 PETERSHAM NSW 2049

APPLICATION FORM FOR MEMBERSHIP TO NSW RAILWAY INSTITUTE INC

Surname		Given Names	
Address			Post Code
Postal Address			Post Code
Phone		Mobile	
Work Location		Position	
Phone No.		E-Mail	
Previous Employee No. (if applicable)		Date of Birth	

FULL MEMBERSHIP OF \$104.00

RETIRED MEMBERSHIP OF \$39.00 (I understand and accept the Retired membership rate knowing that I have to be 58 years and over and not working full time and cannot enter into the School Holiday release unless a full member)

AUTHORITY FOR PAYROLL DEDUCTION FOR EMPLOYEES of RECIPROCATING ORGANISATIONS

TICK APPLICABLE BOX:

RAILCORP PACIFIC NATIONAL STATE TRANSIT ARTC EDI OTHER

LOCATION:

EMPLOYEE No.

I hereby authorise deductions from salary or wages payable to me in respect of my employment with the above-indicated employer, the sum of \$4.00 from every fortnightly salary or wage, and remit the amount so deducted to the "NSW Railway Institute Inc". All amounts remitted on my behalf, pursuant to this Deduction Authority shall be deemed payments to me personally. I also authorise any increase in the rate as maybe indicated along with my personal details if needed by "NSW Railway Institute Inc", from time to time to be effected on my behalf and this authority is to continue until such time as I withdraw it in writing.

INDEMNITY: In making deductions and payment on my behalf, I agree the groups ticked above, and their employees are indemnified against any claim, act of omission or any failure to make deductions and remittances as authorised herein, arising pursuant to this Authority.

Signature: _____

Date: _____

PAYMENT METHOD

CHEQUE/MONEY ORDER (payable to Railway Institute) or VISA MASTER CARD

CARD HOLDERS NAME: _____

Card No:

Expiry date on card: _____

Signature: _____ Date: _____