



# AUSTRALIAN INSTITUTE OF MARINE & POWER ENGINEERS

## BARGAINING AGENT/PROPOSITION FORM

1. SURNAME:..... FIRST NAMES:.....  
 2. ADDRESS:..... PHONE NO:.....  
 ..... MOB PH NO:.....  
 ..... EMAIL ADDRESS:.....  
 POSTCODE..... DATE OF BIRTH .....

3. What school standard have you attained?.....  
 4. Apprenticeship/Cadetship/Other (details).....

5. What qualifications do you hold? (Please show them when lodging this form, or forward a copy when lodging by post)  
 .....  
 .....  
 Sighted by ..... Date.....  
 Signature of Branch Official

6. Nationality.....  
 (Please attach a copy of your Australian birth certificate, passport or other documents showing your Immigration status in Australia.)

7. Are you employed at present in or in connection with an industry covered by A.I.M.P.E.?.....  
 If so Where Employed?.....

8. Are you seeking employment in or in connection with an industry covered by A.I.M.P.E.?.....

9. Have you ever been a member before?.....  
 If so, name Branch and date of leaving.....  
 State reason for leaving.....

10. In the event of being admitted as a member of the A.I.M.P.E. I am prepared to conform to its Rules and by-laws and such alterations as may be made in them from time to time in accordance with the Constitution and Rules.

11. I hereby nominate and **appoint the Australian Institute of Marine and Power Engineers** (whose Head Office is 52 Buckingham Street Surry Hills NSW 2010, Phone 02 9698 3999, Fax 02 9319 7505 , E-mail [hchristiansen@aimpe.asn.au](mailto:hchristiansen@aimpe.asn.au) , web [www.aimpe.asn.au](http://www.aimpe.asn.au) ) and its officers as my exclusive **bargaining agent** in relation to the making, approval, variation or termination of an agreement under the Fair Work Act 2009 as amended. This authorisation will remain in force until I withdraw it by giving the A.I.M.P.E. three (3) months notice in writing of my intention to do so. I declare the above to be correct.

**Signature of Applicant** ..... **Date**.....

12. Proposed by..... Member No .....  
 (Signature of Proposer, who must be a financial AIMPE member.)

Seconded by ..... Member No.....  
 (Signature of Seconder, who must be a financial AIMPE member.)

### OFFICE USE ONLY

**NOTE 1: Payment may be made by credit-card including by Telephone.**  
**NOTE 2: MONTHLY Payments may be made by authorising DIRECT-DEBIT from your Bank Account. See attached form.**

Category..... Entrance Fee \$ .....  
 Membership No..... Contributions/Magazine/G.S.T. \$ .....  
 Remarks..... TOTAL \$ ..... Receipt No.....  
 Accepted / / Date Paid.....  
 Signature of Branch Official .....Date / /