



52-56 Rouse Street, Port Melbourne
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President: Allan Taylor
Vice President: James Hughes
Branch Secretary: John Berger
Branch Assistant Secretary: Chris Fennell
Trustees: Mick Werrick, Kevin Whelan

ENROLMENT FORM FOR MEMBERS' TRAINING COURSE

Title of Course: **TWU ADVANCED DELEGATES**
Dates of Course: **(2 Days)**
Held at: **52-56 Rouse Street, Port Melbourne** **Lunch provided**

THIS SECTION TO BE COMPLETED BY MEMBER

Member's Name: _____
Roll Number: _____ Mobile No. _____ Home Telephone: _____
Home Address: _____
Postcode: _____
Employed by: _____ As: _____
Location: _____
Work Telephone: _____
Member's Signature: _____ Date: _____

Please list any special needs: (ie: catering/disabilities) _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

I hereby authorise _____ to attend the TWU Training Course listed above.
Signature: _____ Date: _____
Print Name: _____ Position: _____
Postal Address: _____
Postcode: _____
Fax number: _____ Telephone number: _____