

CEPU Plumbing Division (NSW)

ABN: 85 656 451 687

Shop 1, 111 McEvoy Street

ALEXANDRIA NSW 2015



Delegates Registration Form

All details must be completed on this form

Delegate Name: _____

Authorising CEPU Organiser: _____
(Please print name)

Union Number: _____

Financial Status: _____

D.O.B (DD/MM/YYYY): _____

Home Address: _____

_____ POSTCODE _____

Home Phone: () _____

Mobile: _____

Safety Delegate: **YES** **NO** Do you hold a current first aid Certificate; **YES** **NO**

Date Elected: _____

Delegates Employer: _____

To be issued with a Receipt book: **YES** **NO**

Authorising CEPU Organiser:

(Please Print Name)

No. people on job: _____

Site Phone: _____

Head Office Phone: _____

Site Address: _____

Expected Job Completion: ____ / ____ / ____