

# new member details

Employer

Note: New CareSuper members are required to complete a CareSuper Member Application form found in the CareSuper Member Guide.

If you do not have Member Guides for the new employees mentioned on this form, we would be happy to provide these to you. Please indicate how many Member Guides you require.

Quantity:



Return this completed form to:

CareSuper  
GPO Box 1923  
Melbourne VIC 3001  
or email to  
admin@caresuper.com.au

If you are a new employer please attach this form to your completed Employer Application form, which can be found in the CareSuper Employer Guide.

For more information call the CareSuperLine  
**1300 360 149**

## 1. Employer details

Employer name	Employer number	Telephone (work)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer address	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. Member details

If you have more than 3 new members to advise, please photocopy this form.

Member's surname	Member's given names	Mr/Mrs/Ms/Miss/Dr	Award/SCG	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Emp Extra/Sal Sac	<input type="text"/>	<input type="text"/>
Street number	Street address		Member	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>		Total	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	# Weeks	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Cont Month/s	<input type="text"/>	<input type="text"/>
Date of birth (required) (DD/MM/YYYY)	Existing fund membership number	Date joined employer	Tax File Number	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Member's surname	Member's given names	Mr/Mrs/Ms/Miss/Dr	Award/SCG	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Emp Extra/Sal Sac	<input type="text"/>	<input type="text"/>
Street number	Street address		Member	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>		Total	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	# Weeks	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Cont Month/s	<input type="text"/>	<input type="text"/>
Date of birth (required) (DD/MM/YYYY)	Existing fund membership number	Date joined employer	Tax File Number	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Street number	Street address		Member	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	Cont Month/s	<input type="text"/>	<input type="text"/>
Date of birth (required) (DD/MM/YYYY)	Existing fund membership number	Date joined employer	Tax File Number	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>