



# Parking Payment Claim. Carousel Members

Please fill out all details below and  
return to the SDA:

Email: [freesafeparking@sdawa.asn.au](mailto:freesafeparking@sdawa.asn.au)

Fax: 9221 2774

Postal Address: GPO Box 2556, PERTH, WA 6001

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## MEMBER DETAILS

Date ▶

Name ▶

Employer ▶

Member Number ▶

Number of shifts worked/week ▶  / week

*\*If the number of shifts you work varies week to week, please  
provide an average over the last four weeks.*

I would prefer to receive  
my payment via ☐ Bank Transfer *(please fill out bank details below)*

☐ Cheque *(please fill out your address details below)*

Address Line 1 ▶

Address Line 2 ▶

Suburb/State/Postcode ▶  WA

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## BANK DETAILS

Account Name ▶

BSB ▶    —

Account Number ▶

THE UNION FOR WORKERS IN **RETAIL.FAST FOOD.WAREHOUSING.**