

# MEMBERSHIP FORM



First Name .....

Last Name.....

Employee Number.....

Phone Number.....

Email.....

- Please deduct \$15 per pay cycle (allowance code 3502) from my pre-tax pay for RMO society membership
- Please cease deductions of \$15 per paycycle from my pre-tax pay to the RMO society

Signature ..... Date .....

Return this form to Payroll Services

Fax 9265 2784