



# Application for PSA & CPSU Membership

Public Service Association of NSW, Reg. Office: 160 Clarence Street, Sydney, ABN 83 717 214 309 Tel: 02 9220 0900 Fax: 02 9262 1623  
Community & Public Sector Union (SPSF Group NSW Branch), Reg. Office: 160 Clarence Street, Sydney, ABN 11681 811 732



## 1 COMPLETE YOUR DETAILS

Title: Surname:		Given Names:		DOB / /	
HOME ADDRESS:				Postcode:	
POSTAL ADDRESS:				Postcode:	
EMAIL: Work:			Home:		
PHONE: Work:		Home:		Mobile:	Fax:
EMPLOYER:				Payroll Serial No.	
WORKSITE ADDRESS:				Postcode	
JOB TITLE:				Grade: (eg 3/4, HEW7 etc)	
EMPLOYMENT TYPE: <input type="checkbox"/> Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Temporary <input type="checkbox"/> Casual			EMPLOYMENT STATUS: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Appointment To Public Service, University, etc / /			Are you an Australian Aboriginal or Torres Strait Islander: <input type="checkbox"/>	
I would like to be involved in: <input type="checkbox"/> My local union group <input type="checkbox"/> Being a delegate <input type="checkbox"/> Distributing union information <input type="checkbox"/> Union training <input type="checkbox"/> Receiving email updates <input type="checkbox"/> If you are not interested in the PSA - SGE Credit Union Affinity Program, tick the box.					

Office Use only:

## 2 SIGN YOUR APPLICATION

I, the undersigned, hereby apply to be enrolled as a Member of the Public Service Association of New South Wales and the Community & Public Sector Union (SPSF Group NSW Branch) in accordance with the Constitution and Rules of both bodies, by which I agree to be bound, and I appoint the PSA & CPSU as my bargaining agent.

I agree that a copy of this form (whether copied by photocopy, microfilm, facsimile or otherwise) may be used or dealt with as if it were the original.

I have read and understood the information relating to financial obligations and the circumstances and manner in which I may resign my membership detailed overleaf.

Applicant's Signature: \_\_\_\_\_  
Date: / /

## 3 NOMINATE YOUR SALARY RANGE

GROSS ANNUAL SALARY	FEES (incl GST) From July 2010			
	Annual	Monthly (Credit Card only)	4-weekly (Direct Debit only)	Fortnightly (Direct Debit only)
Please tick				
<input type="checkbox"/> More than \$48,980	\$639.50	\$53.30	\$49.20	\$24.60
<input type="checkbox"/> \$34,483 - \$48,980	\$491.95	\$41.00	\$37.80	\$18.90
<input type="checkbox"/> \$8,621 - \$34,482	\$306.40	\$25.55	\$23.60	\$11.80
<input type="checkbox"/> Less than \$8,621	\$158.80	\$13.25	\$12.20	\$6.10

Members proceeding on Leave Without Pay in excess of three months need to advise the Association so as to maintain their financial membership of the Association and the Provident Fund at a special rate of \$29.55 pa. Members on Leave Without Pay for a lesser period than three months pay the usual rate

## 4 CHOOSE YOUR PAYMENT OPTION

### Option A - Direct Debit Request

Complete this form to arrange deductions from your bank/credit union. More info call 1800 808 290. Please note that Direct Debit is not available on a full range of accounts. If in doubt contact your financial institution

Name on Account: \_\_\_\_\_  
Financial Institution: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
BSB No: \_\_\_\_\_ Account No: \_\_\_\_\_  
Frequency of Debit:  Fortnightly  4 weekly

I here by request the deduction from my account of my subscription to the Public Service Association of NSW (here after PSA) (User ID 040 172)

I authorise the following:

The PSA to verify the details of the above mentioned account with my Financial Institution if required.

The Financial Institution to release information allowing the PSA to verify the above mentioned account details.

My employer to release my bank account details to the PSA for the purpose of enabling me to establish a direct debit facility for the payment of my subscription.

I have read the Automatic Payment Service Agreement overleaf and agree with its terms and conditions.

Signature: \_\_\_\_\_ Date: / /

### Option B - Credit Card Auto Payment

Standing authority for recurrent periodic payment by credit card

Card type:  Visa  Mastercard  
Name on Credit Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expiry Date: / /

**Description of Goods:** PSA Union Dues (PSA dues processed on the 7th each month).

I hereby authorise the PSA of NSW to debit my Card Account with the amount and at the intervals specified in the Salary and Fees Table detailed on this form, and in the event of any change in the charges for these subscriptions to alter the amount from the appropriate date in accordance with such change. This authority will stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the PSA in writing of its cancellation.

Cardholder's Signature: \_\_\_\_\_ Date: / /

## 5 RETURN THIS FORM :

See address overleaf.

MEMBER RECRUITER Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

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## STRONGER TOGETHER

### AUTOMATIC PAYMENTS SERVICE AGREEMENT

**We the Public Service Association of NSW agree to the following commitments to you:**

The PSA will debit/charge your membership fees as they fall due. However if this day falls on a non-business day, they will be debited/charged on the next business day.

The PSA will only use this authority to debit/charge regular fees. If you miss a payment it will be picked up in the following period, i.e. two instalments will be taken out.

Resignation from the PSA is in the section "Manner of Resignation from the PSA & CPSU". The PSA undertakes to cease debiting your account upon the termination of your three months notice.

The PSA will notify any changes to your union fees in "Red Tape".

The PSA will keep all information provided by you secure and confidential.

The PSA will investigate and deal promptly with any queries, claims or complaints regarding debits/charges and provide a response within 21 days of receipt.

**Your Commitment to the PSA of NSW:**

You will ensure that the account details on the Payment Authority form are identical to the account details held by your bank or financial institution.

You will ensure that you have sufficient funds or credit available in the nominated account on the due date for payment of your fees.

You will let us know in writing if the nominated account is altered, transferred or closed.

You will check with your bank or financial institution that the amounts debited/charged to your nominated account for your PSA fees are correct.

If the charging arrangements are stopped by you or your nominated bank or financial institution, you will arrange a suitable alternative payment method with the PSA.

Resignation from the PSA/CPSU will be notified by you as per the conditions in the section "Resignation from the PSA & CPSU" at [www.psa.labor.net.au/join](http://www.psa.labor.net.au/join). Repayments will not be made for late notifications.

### PRIVACY STATEMENT

Information collected in these applications is used for the purposes of the PSA and the CPSU only. When we use third parties to carry out union functions, eg mail-houses, electoral offices, candidates to union office, union delegates, etc., only necessary information is released, and such information is released subject to the condition that it not be used for any other purpose.

Information requested for payment of membership fees is provided only to the relevant financial institution or employer.

Any member may at any time arrange to see and correct their membership record by contacting the PSA on 1800 808 290.

Return completed form to:

Membership Section

Public Service Association of NSW

GPO Box 3365

SYDNEY

NSW

2001

or

Fax: 02 9262 1623

Further information: 02 9220 0939