



# Membership Application Form for PSA & CPSU



October 2008 – June 2009

Please fill in all details in the application, and then fill out your choice of payment method and return the completed form to:

Public Service Association of NSW  
GPO Box 3365, SYDNEY NSW 2001

*The application & fee payment forms are overleaf. Please read carefully the information on this side first.*

## Fees

SALARY	FEES (includes GST)					
	Annual	Quarterly	Monthly	4-weekly	Fortnightly	
More than \$45,285	\$591.85	\$148.00	\$49.30	\$45.60	\$22.80	
\$31,882 - \$45,285	\$455.45	\$113.90	\$37.95	\$35.10	\$17.55	
\$ 7,970 - \$31,881	\$284.00	\$ 71.00	\$23.65	\$21.90	\$10.95	
Less than \$7,970	\$147.60	\$ 36.90	\$12.30	\$11.40	\$ 5.70	
Leave without pay (LWOP more than 3 months must be notified)			<b>Annual</b>			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 \$27.30. Members on Leave Without Pay for a lesser period than three months pay the usual rate
Retrenched/Retired Officers			\$27.30			
Retrenched/Retired Officers with Provident Fund			\$33.20			

*PSA fees are tax deductible.*

## Automatic Payment 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". Repayments will not be made for late notifications.

## Resignation from PSA & CPSU

- a) You may resign from membership of the PSA when:
  - (i) you cease to work in an area covered by the PSA;
  - (ii) by giving notice in writing of **three months** or more that you resign from the PSA, such notice being delivered to the General Secretary of the PSA.
- (b) You are obliged to pay any dues owing to the PSA up to the date of effect of the resignation.
- (c) Resignation from the PSA will, subject to confirmation, be taken as resignation from the CPSU.
- (d) Resignation from the CPSU can be by notice in writing of two weeks or more, such notice being delivered to the NSW Branch Secretary of CPSU (SPSF Group).

## 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 information necessary 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.

**Authorised by John Cahill, General Secretary, Public Service Association of NSW, and and Branch Secretary, Community and Public Sector Union, (SPSF Group NSW Branch)**

# Application for PSA & CPSU Membership

Public Service Association of NSW, Reg. Office: 160 Clarence Street, Sydney, ABN 83 717 214 309  
Community & Public Sector Union (SPSF Group NSW Branch), Reg. Office: 160 Clarence Street, Sydney, ABN 11681 811 732  
(Please print neatly and fill in all details)

I, \_\_\_\_\_  
**Title (Mr/Mrs/Ms etc) (Surname)** \_\_\_\_\_ **(Given Names)** \_\_\_\_\_  
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.

Home address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Postal address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel (h): \_\_\_\_\_ Tel (w): \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-mail (Work &/or Home) \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of appointment to service (approx.): \_\_\_\_\_  
Employer: \_\_\_\_\_ Payroll Serial Number: \_\_\_\_\_  
Occupation & Level: \_\_\_\_\_  
Employment type:  Permanent  Fixed Term/Temp.  Casual  Other \_\_\_\_\_  
Current Work Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Annual Salary range** (Please tick a box):  Over \$45,285  \$31,882 - \$45,285  \$7,970 - \$31,881  Less than \$7,970

**(Optional) If you are an Australian Aboriginal or Torres Strait Islander member, please tick the box**  
**This will help our Aboriginal Liaison Officer maintain an accurate list of members.**

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 understand that persons who join the PSA/CPSU with a pre-existing workplace issue will not receive assistance in relation to that issue/problem, unless determined otherwise by the General Secretary or the union's governing bodies.

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

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Option A - Direct Debit request from your nominated bank account

Complete this form to arrange deductions from your bank/credit union. More info call 1800 808 290.

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

**Name on account:** \_\_\_\_\_

**Financial Institution:** \_\_\_\_\_ **Branch Address:** \_\_\_\_\_

**BSB Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Frequency of Debit** (Please tick a box):  Fortnightly  4 weekly

**Amount of dues being paid** (See subscription rates on front page) \$ \_\_\_\_\_ . \_\_\_\_\_

I have read the **Automatic Payment Service Agreement** on the front page and agree with its terms and conditions.

Please note that Direct Debit is not available on a full range of accounts. If in doubt contact your financial institution

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Option B - Payment of Fees by Auto Credit Card

*Standing authority for recurrent periodic payment by credit card*

Card Holder's Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Card Type (Please tick):  Visa  Mastercard Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_ Description of Goods: PSA Union Dues (PSA dues processed on the 7<sup>th</sup> each month)

**Regular debit amount per month:** \$ \_\_\_\_\_ . \_\_\_\_\_ See subscription rates on front page

I hereby authorise the PSA of NSW to debit my Card Account with the amount at the intervals specified above 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:** \_\_\_\_\_

## Option C - Direct Payment - Invoiced payers

Payments must be at least quarterly with the first payment being forwarded with the application. This method includes people paying by cheque, credit card, cash or postal orders. Payers by credit card can pay over the phone after the first payment has been made.

Members will be invoiced as payments fall due.

**Frequency of payments** (Please tick a box):  Quarterly  Half yearly  Annually

**Paying by** (Please tick a box):  Cheque  Cash/Postal Order  Credit Card (PSA will phone for card details)

**Amount being paid:** \$ \_\_\_\_\_ . \_\_\_\_\_ See subscription rates on front page.