



Public Service Association

Community & Public Sector Union
State Public Services Federation (SA Branch)

Public Service Association of SA Community and Public Sector Union (SPSF Group) SA Branch Membership Application Form

Personal Details

Title _____ Surname _____

First name/s _____

Home address _____

Home phone _____ Gender _____ Date of Birth ___/___/_____

Employment Details

Department/Agency _____

Work address _____

Work phone _____ Work fax _____

E-mail _____

Full time Part time Casual (please circle)

Total hours worked per week _____ Classification (eg ASO2) _____

Occupation _____ Increment _____

Annual salary _____ Referred by _____

PSA Membership

I hereby apply to join the Public Service Association of SA and agree to be bound by the rules.

CPSU Membership

I hereby apply to join the Community and Public Sector Union, State Public Services Federation (SA Branch) and agree to be bound by the rules.

Signature _____ Date _____

I do/do not wish to receive a tax statement (please circle)

Please mail your completed application form by fax to (08) 8223 6509 or to:

Reply Paid Number 5306. PSA/CPSU SA Branch
GPO Box 2170, Adelaide, SA 5001 (no stamp required)

For any further information call the PSA on (08) 8205 3200 or freecall 1800 811 457 or email:
enquiries@cpsu.asn.au

Methods of Payment

Please complete one of the following sections

Direct Debit Request

Subscriptions are 0.95% of your substantive base salary (plus GST) and are tax-deductable. Unless otherwise notified, direct debits occur on the first working day of each month. Below is the authorisation for your subscription to be paid by direct debit.

By signing this document, I/we authorise the Public Service Association of SA Inc., ABN 62406330872. User ID 028 498, the Debit User, to debit my/our account, detailed in the Schedule below, with any amount, through the Direct Debit System, I/we must pay you when due under the arrangements between us.

This authority is to remain in force until further notice.

The Schedule

Financial Institution Name _____

Address _____
_____ Post code _____

Account Title _____

BSB Number ____|____|____| -- |____|____|____|

Account Number |____|____|____|____|____|____|____|____|____|____|

Member's Name _____

Address _____
_____ Post code _____

Signature/s _____

Accounts

PSA/CPSU membership subscriptions may also be paid by cheque, money order or cash.

Please make cheques and money orders payable to the **PSA/CPSU**.

If paying via this method, a bill will be forwarded to you by post.

I wish to pay quarterly.

I wish to pay half yearly.

I wish to pay annually. (please circle)

Credit Card

To pay by credit card on a monthly basis, please complete details below.

Card type: **Bankcard Visa Master Card** (please circle)

Card number _____ / _____ / _____

Cardholder's name _____

Expiry Date ____ / ____

Signature _____

The PSA/CPSU is bound by the Privacy Amendment (Private Sector) Act 2000. Information is collected to enable the union to contact you about matters related to your union membership and to ensure that we have the necessary information to represent your employment and related interests. A member can opt out of receiving such information by contacting the PSA/CPSU. The PSA/CPSU Privacy Statement is available from the union's web site or by contacting the office.