



THE **campus** **backbone**

CPSU - UNSW Branch



HAPPY PAY RISE!

20th July 2011

Your second 2% pay rise for 2011 takes effect on 9/7/2011. The first was effective from 7/1/2011. You also received a \$1,000 bonus (if you are permanent or fixed term, not casual). These were won for you by the CPSU as part of the current Enterprise Agreement. You will also receive another 2% pay rise every 6 months until July 2013.

The average pay rise across all general (professional) staff levels since the beginning of 2011 amounts to \$2638.

These salary increases and improvements in conditions such as parental leave, carer's leave, domestic violence leave, casual loadings, workload protections, and numerous other improvements, flow directly as a result of your membership of the CPSU. Your membership fees provide the CPSU with the ability to negotiate better pay and conditions for you and your colleagues.

Compared to the pay increases that we have won for you, your union fees are a negligible amount. Is it fair that the non-union members sitting next to or near you also benefit from your commitment to supporting the union? But they don't pay. Every staff member who does not contribute dilutes the strength of the union's power.

The best advocate for you is the CPSU.

The best advocate for the CPSU is you.

Start a conversation with your colleagues. Suggest that they join you and support the team that delivers the salaries and conditions they enjoy and take for granted.

Help them fill out the member's form overleaf, and call
UNSW Organiser Ian Lisser on 0408 213 339 to get him to pick up the form.

THE CPSU IS YOUR UNION. GET INVOLVED.

VISIT www.thegeneralstaffunion.org.au



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 hereby 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 :

To your delegate or CPSU organiser.

MEMBER RECRUITER Name: _____ Membership No: _____