



Application for PSA & CPSU NSW membership



Public Service Association of NSW, Reg. Office: 160 Clarence Street, Sydney, ABN 83 717 214 309 Tel: 1300 772 679 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:
EMPLOYER:		JOB TITLE:	
WORKSITE ADDRESS:			Postcode
EMPLOYMENT: <input type="checkbox"/> Perm/Ongoing <input type="checkbox"/> Contract/Temp <input type="checkbox"/> Casual/Labour Hire		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"/>
Receive Red Tape Post <input type="checkbox"/> Email <input type="checkbox"/>		Are you a current HSR? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Do you have pre-existing issues? Yes <input type="checkbox"/> No <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"/> Receive email updates			

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 NSW as my bargaining agent.

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

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

Applicant's Signature: _____
Date: / /

3 NOMINATE YOUR SALARY RANGE

GROSS ANNUAL SALARY	FEES (incl GST) from July 2017
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Please tick:	Weekly	(Fees based on yearly figures)
<input type="checkbox"/> More than \$57,961	\$14.50	Please complete one payment option below. Payment can be: Fortnightly or 4 weekly via Direct Debit or Monthly via Credit Card
<input type="checkbox"/> \$40,805 - \$57,961	\$11.15	
<input type="checkbox"/> \$10,201 - \$40,804	\$6.95	
<input type="checkbox"/> Less than \$10,201	\$3.55	

Fees can also be paid quarterly or yearly by cheque/credit card/cash. Payment must accompany form and then an invoice will be sent when account is due. 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 \$35.00 pa. However, members on Leave Without Pay for a lesser period than three months pay the usual rate. PSA fees are tax deductible.

4 CHOOSE YOUR PAYMENT OPTION

Option A - Direct Debit Request

Complete this form to arrange deductions from your bank/credit union. For more info call 1300 772 679. 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 (hereafter PSA) (User ID 040 172). I authorise the following:
The PSA may verify the details of the abovementioned account with my financial institution if required.
My financial institution may release information allowing the PSA to verify the abovementioned account details.

My employer may 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.

Account holder's 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: / /

PSA union dues processed on 7th of 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.

Card holder's signature: _____ Date: / /

5 RETURN THIS FORM:

See overleaf

MEMBER RECRUITER Name: _____ Membership No: _____

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STRONGER TOGETHER

AUTOMATIC PAYMENT SERVICE AGREEMENT

We, the Public Service Association of NSW, make the following commitment 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 must be notified according to the section "Manner of resignation from the PSA and CPSU NSW" at www.psa.asn.au/join. Should you resign your membership, the PSA undertakes to cease debiting your account upon the termination of the written notice period.

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

The PSA will act in accordance with our Privacy Statement, while noting that your financial institution may require such information to be provided in connection with a claim made on it relating to an alleged incorrect or wrongful debit.

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 provided to the PSA 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 within 14 days if the nominated account is altered, transferred or closed.

You will be responsible to ensure 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 NSW will be notified by you as per the conditions in the section "Manner of resignation from the PSA and CPSU NSW" at www.psa.asn.au/join. Repayments will not be made for late notifications.

MANNER OF RESIGNATION FROM THE PSA AND CPSU NSW

You may resign from membership when either you cease to work in an area covered by the Association or by giving fourteen (14) days notice in writing of your intention to resign to the General Secretary.

Resignation from the PSA will also be taken as resignation from the CPSU NSW (SPSF Group), subject to confirmation.

Resignation from the CPSU NSW (SPSF Group) can be by notice in writing of two weeks or more, such notice being delivered to the NSW Branch Secretary of the CPSU NSW (SPSF Group).

Please note that you are obliged to pay any dues owing to the PSA and CPSU NSW up to the date of effect of the resignation and that fees are not refundable on resignation from the PSA and CPSU NSW.

PRIVACY STATEMENT

Information collected in these applications is used for the purposes of the PSA and the CPSU NSW 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 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 membership@psa.asn.au

Return completed form to:

Membership Section
Public Service Association of NSW
GPO Box 3365
SYDNEY NSW 2001
or
membership@psa.asn.au
Fax: 9262 1623

Further information
1300 772 679