



Public Service Association of NSW

Telephone: 1300 772 679

ABN 83 717 214 309

160 Clarence Street, Sydney

APPLICATION FOR ADMISSION AS AN ASSOCIATE OF THE PSA 2017-18

To: The General Secretary Public Service Association of NSW

I hereby apply to be enrolled as an Associate of the Public Service Association of New South Wales in accordance with its Constitution and Rules, by which I agree to be bound.

I forward herewith the sum of \$ _____ as subscription.

Name in full: (BLOCK LETTERS) _____

Membership number: _____ Date of birth: _____ Date of Retirement : ____ / ____ / ____

Department/Agency: _____

Private Address: _____

_____ Post Code: _____ Home phone number: _____

Email Address: _____

Date: _____ Signature: _____

Rates: \$35.00 per annum including GST
\$40.70 per annum including GST & including Provident Fund Membership for those under 70 years.

PAYMENT OF FEES BY CREDIT CARD

(Please use BLOCK letters or type all details.)

Full name as on credit card: _____

Card No: | | | | | : | | | | | : | | | | | : | | | | |

Expiry Date: _____

Master/VISA _____

Amount paid: \$ _____

SIGNATURE AND DATE: _____

**Please return to Membership Section, PSA/CPSU NSW, GPO Box 3365, Sydney 2001
or fax on (02) 9262 1623**