

## ME:

Title:  M  F  Other

First name:

Surname:

Preferred name:

D.O.B:

Aboriginal or Torres Strait Islander heritage?  YES  NO

Address (home):

STREET  STATE

SUBURB  POSTCODE

Address (postal):

POSTCODE

Phone:

MOBILE

HOME  WORK

Email:

PERSONAL  NOMINATE YOUR PREFERRED EMAIL

WORK  PREFERRED

Red Tape magazine via:  POST  EMAIL

## MY MEMBERSHIP:

Weekly membership fees are based on your gross annual income. Please tick which applies to you:

|   |                            |
|---|----------------------------|
| <input checked="" type="checkbox"/> Gross annual salary | Weekly fees from July 2017 |
| <input type="checkbox"/> Less than \$10,201             | \$3.55                     |
| <input type="checkbox"/> \$10,201 – \$40,804            | \$6.95                     |
| <input type="checkbox"/> \$40,805 – \$57,961            | \$11.15                    |
| <input type="checkbox"/> More than \$57,961             | \$14.50                    |



Payment frequency:

(Select a payment cycle that is convenient for you)

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Fortnightly<br><small>DIRECT DEBIT</small>               | <input type="checkbox"/> 4 weekly<br><small>DIRECT DEBIT</small>               | <input type="checkbox"/> Monthly<br><small>CREDIT CARD</small> |
| <input type="checkbox"/> Quarterly*<br><small>CASH / CREDIT CARD / CHEQUE</small> | <input type="checkbox"/> Yearly*<br><small>CASH / CREDIT CARD / CHEQUE</small> | *PAYMENT MUST ACCOMPANY FORM                                   |

## PAYMENT: (Choose ONE of the following two options)

### OPTION 1: Direct Debit

NAME ON ACCOUNT

FINANCIAL INSTITUTION

BSB    ACCOUNT NUMBER

SIGNATURE

I hereby request the deduction from my account of my subscription to the PSA (User ID 040 172). I authorise the following:  
1. The PSA may verify the details of the above mentioned account with my financial institution if required. 2. My financial institution may release information allowing the PSA to verify the above mentioned account details. 3. 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. 4. I have read the Automatic Payment Service Agreement overleaf and agree with its terms and conditions.

### OPTION 2: Credit Card Visa Mastercard

CARD NUMBER

NAME ON CARD

SIGNATURE

EXPIRY DATE

I hereby authorise the PSA 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. Union dues processed on 7th of each month.

## MY WORK:

Employer name:

Job title:

Commencement date:     Agency:

Worksite address:

STREET  STATE

SUBURB  POSTCODE

Employment status:  FULL-TIME  PART-TIME

Employment type:  PERMANENT / ONGING  TEMP / CONTRACT  CASUAL  LABOUR HIRE

Are you a current Health Safety Rep (HSR)?  YES  NO

I would like more information about:  TRAINING  BECOMING A DELEGATE / CONTACT

## DECLARATION:

SIGNATURE

DATE



AFTER COMPLETING YOUR FORM, YOU CAN:  
Hand it to your organiser  
SCAN AND EMAIL TO:  
membership@psa.asn.au or fax to 02 9262 1623  
YOU CAN POST IT TO:  
Membership Section, PSA of NSW  
GPO Box 3365, SYDNEY NSW 2001

I, the undersigned, hereby apply to be enrolled as a member of the Public Service Association and Professional Officers' Association Amalgamated Union of New South Wales (PSA) and the Community & Public Sector Union SPSF Group NSW Branch (CPSU NSW) in accordance with the Rules of both bodies, by which I agree to be bound, and I appoint the PSA and CPSU NSW as my bargaining agent. I agree that a copy of this form (whether as a scanned image, photocopy, 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.

# Change THE RULES

**Join** the PSA/CPSU NSW

## TERMS AND CONDITIONS:

### Automatic Payment Service Agreement

We, the PSA, 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 "How to resign from the PSA and CPSU NSW". 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:

- » 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 "How to resign from the PSA and CPSU NSW". Repayments will not be made for late notifications.

### How to resign 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 14 days notice in writing of your intention to resign to the PSA General Secretary.

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

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

Please note that you are obliged to pay any dues owing to the PSA up to the date of effect of the resignation and that fees are not refundable on resignation from the PSA/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](mailto:membership@psa.asn.au)