

9 August 2017

Transport for NSW Burwood meeting notice

The PSA with the combined unions will be hold a meeting of members to discuss and seek feedback regarding the inconsistences with Transport Cluster Change Management.

Throughout the 2017 award negotiation, union delegates and members fought for better treatment of employees subject to restructures and redeployment as a way to enhancing job security.

Your transport unions successfully fought for, and won, a commitment for transport agencies to work with unions to develop a policy that regulates the way restructures occur. Once finalised, employers will not be able to change this policy until 30 June 2019.

Meeting details

Thursday 10 August 2017
12pm to 12.30 and 12,30pm to 1pm
Change Management Framework
14 Elsie Street, Level Wirragulla Room

All members and non-members are welcome to attend the meeting and have your say about improving your job security.

Get involved!

For more information, contact your local delegate or the PSA direct on 1300 772 679.









Application for PSA & CPSU membership

by protecting jobs and workplace rights 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

COMPLETE YOUR DETAILS									
Title: Surname: Given	e: Given Names:								
HOME ADDRESS:				Postcode):	Office use only:			
POSTAL ADDRESS:				Postcode):				
EMAIL: Work:	ome:								
PHONE: Work: Home: M	obile:								
EMPLOYER: JOB TITLE:									
WORKSITE ADDRESS: Postcode									
EMPLOYMENT: □ Perm/Ongoing □ Contract/Temp □ Casual/Labor	ull-time l	☐ Part-tim	е						
☐ Male ☐ Female Appointment to Public Service, University, etc / / Are you an Australian Aboriginal or Torres Strait Island									
Receive Red Tape Post ☐ Email ☐ Are you a current HSR? Ye	No □ Doy	ou have pre-e	xisting iss	ues? Y	es 🗖 No				
I would like to be involved in: ☐ My local union group ☐ Being a delegate ☐ Distributing union information ☐ Receive email updates									
2 SIGN YOUR APPLICATION	3 NOMIN	ATE YOU	R SALA	ARY R	ANGE				
I, the undersigned, hereby apply to be enrolled as a member of the Public Service	GROSS ANNUAL SA	LARY	FEES (inc	GST) fro	om July 2	016			
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.	Please tick:	Fortnightly (Direct Debit only)		Monthly (Credit Card only)	Quarterly	Annual			
I agree that a copy of this form (whether as a scanned image, photocopy, microfilm,	☐ More than \$56	5,548 \$28.35	\$56.70	\$61.40	\$184.20	\$736.85			
facsimile or otherwise) may be used or dealt with as if it were the original.	\$39,810 - \$56	\$,548 \$21.80	\$43.60	\$47.20	\$141.60	\$566.40			
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.	\$9,953 - \$39,	\$13.55	\$27.10	\$29.35	\$88.00	\$352.10			
	Less than \$9,9	953 \$7.00	\$14.00	\$15.15	\$45.40	\$181.65			
Applicant's Signature: Date: / /	Fees can also be paid q Payment must accompa Members proceeding on so as to maintain their fil rate of \$34.10 pa. Howe pay the usual rate. PSA	ny form and then an in Leave Without Pay in nancial membership over, members on Lea	excess of three f the Association We Without Pay	ent when acco months need on and the Pro	I to advise the A ovident Fund at	a special			
4 CHOOSE YOUR PAYMENT OPTION									
Option A - Direct Debit Request	Option B - (Credit Card Au	to Paymer	nt					

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:
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

Standing authority for recurrent periodic payment by credit card

Card type:	☐ Vis	sa	Пи	laste	ercar	ď				
Name on Cr	edit Ca	rd:								
Card Number	:						1	1		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:	/	/
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6 RETURN THIS FORM:

See overleaf

MEMBER RECRUITER		
Name:	Membership No:	

Application for PSA & CPSU membership

Public Service Association of NSW, Reg. Office: 160 Clarence Street, Sydney, ABN 83 717 214 309
Community & Public Sector Union (SPSF Group NSW Branch), Reg. Office: 160 Clarence Street, Sydney, ABN 11681 811 732



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". 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 will be notified by you as per the conditions in the section "Manner of resignation from the PSA and CPSU". Repayments will not be made for late notifications.

MANNER OF RESIGNATION FROM THE PSA AND CPSU

You may resign from membership when either you cease to work in an area covered by the Association or by giving three months' 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 (SPSF Group), subject to confirmation.

Resignation from the CPSU (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 (SPSF Group).

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.

PRIVACY STATEMENT

Information collected in these applications is used for the purposes of the PSA and the CPSU 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

membership@psa.asn.au Fax: 9262 1623

Further information 1300 772 679