



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 2018-19

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. (July 2018 to June 2019)

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: \$35.80 per annum including GST
\$41.50 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, fax on (02) 9262 1623 or email to membership@psa.asn.au