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 2019-20

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 2019 to June 2020)

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: $36.75 per annum including GST
$42.45 per annum including GST & including Provident Fund Membership for those under 70 years.

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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