



# UPDATE YOUR MEMBERSHIP DETAILS



Membership number (if known):	
Name in full:	
Current address:	Postcode:
Date of birth:	
Employer name:	
Work address:	Postcode:
Payroll serial number:	
Job classification/occupation:	
Contact phone numbers:	
Home:	Mobile:
Work:	Fax:
Contact email address:	
Home email:	
Work email:	
<b>SIGNATURE</b>	
<b>DATE</b>	

**RETURN COMPLETED FORM TO MEMBERSHIP EMAIL: [membership@psa.asn.au](mailto:membership@psa.asn.au)**

160 Clarence Street, Sydney NSW 2000  
GPO Box 3365, Sydney NSW 2001

☎ 1300 772 679  
📠 (02) 9262 1623

✉ [psa@psa.asn.au](mailto:psa@psa.asn.au)  
✉ [cpsu.nsw@psa.asn.au](mailto:cpsu.nsw@psa.asn.au)

🌐 [www.psa.asn.au](http://www.psa.asn.au)  
🌐 [www.cpsunsw.org.au](http://www.cpsunsw.org.au)

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