



ASSOCIATE MEMBERSHIP



(RETIRED, WIDOWS, STUDENTS)

APPLICATION FORM 2022

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.

\$36.75 per annum (including GST)

\$42.45 per annum (including GST) including Provident Fund Membership for those under 70 years.

I forward herewith the sum of \$ _____ as my subscription. (July 2021 to June 2022)		
Name in full (BLOCK LETTERS):		
Member number:	Date of birth:	
Date of retirement :		
Department/Agency:		
Home address:		
Postcode:	Mobile number:	Home number:
Email address:		
Signature:		Date:

PAYMENT OF FEES BY CREDIT/DEBIT CARD

(Please use BLOCK letters or type all details.)

Full name on credit/debit card:

CARD NUMBER

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EXPIRY DATE: ____/____/____

MASTERCARD

VISA

Amount Paid:

Signature:	Date:
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RETURN COMPLETED FORM TO MEMBERSHIP EMAIL: membership@psa.asn.au

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

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☎ (02) 9262 1623

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