

ASSOCIATE MEMBERSHIP



(RETIRED, WIDOWS, STUDENTS)

APPLICATION FORM 2023

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 2022 to June 2023)		
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:		
PAYM Full name on credit/debit card:		BY CREDIT/D		
CARD NUMBER			EXPIRY DATE:	/
MASTERCARD VISA		Amount Paid:		
MASTERCARD VISA Signature:		Amount Paid:		
Signature:	TED FORM TO MEMI	Date:	nbership@psa.asn.au	

