



RETRENCHED MEMBERSHIP

APPLICATION FORM 2023

I hereby apply to be enrolled as a Retrenched Member 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):		
Membership number:	Date of birth:	
Date of retrenchment :		
Department/Agency:		
Home address:		
Post code:	Mobile:	Home number:
Email address:		
Signature:		Date:

PAYMENT OF FEES BY CREDIT/DEBIT CARD

(Please use BLOCK letters or type all details.)

Full name as 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

1800 772 679

psa@psa.asn.au

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psansw

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Authorised by Stewart Little, General Secretary, Public Service Association of NSW and Community and Public Sector Union (SPSF Group) NSW Branch, 160 Clarence Street Sydney NSW 2000



NEED HELP?
CALL THE
UNION

 **1800 772 679**

