

## **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:	
SIGNATURE	
DATE	

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

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











## NEED HELP? CALL THE LUNCHER LU

**9** 1800 772 679



