



ASSOCIATE MEMBERSHIP



(RETIRED, WIDOWS, STUDENTS)

APPLICATION FORM

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. | | |
| 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: |
|------------|-------|

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

✉ cpsu.nsw@psa.asn.au

🌐 www.psa.asn.au

🌐 www.cpsunsw.org.au

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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