



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: | |
| 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

1800 772 679

✉ psa@psa.asn.au

✉ cpsu.nsw@psa.asn.au

🌐 www.psa.asn.au

🌐 www.cpsunsw.org.au

📌 [psansw](#)

📌 [cpsunsw](#)

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