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.

$39.18per annum (including GST)

$45.26per 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

EXPIRY DATE: _____/_____

☐ MASTERCARD ☐ VISA

Amount Paid:

Signature:	Date:

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

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