



RETRENCHED MEMBERSHIP



APPLICATION FORM

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.

\$39.18 per annum (including GST)

\$45.26 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):		
Membership number:	Date of birth:	
Date of retrenchment :		
Department/Agency:		
Home address:		
Postcode:	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
✉ cpsu.nsw@psa.asn.au

🌐 www.psa.asn.au
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