## **Membership Application**

## **Membership Details**

Do you have a pre-existing workplace issue? (Conditions apply for applicants with a pre-existing issue)







Public Service Association of SA Inc, 122 Pirie St, Adelaide, SA, 5000 (028498) | www.psaofsa.asn.au

Title	First Name			Last Name					
Home Address									
Suburb				Postcode		Date of Birt	h /	/	
Home Phone				Mobile Phone					
Personal Email						ferrer			
Are you of Aboriginal or Torres Strait Islander heritage? (optional) No Yes, Aboriginal						Yes, Torres S	trait Islander	Yes, Both	
Department/Agency				Occupation					
Work Address									
Suburb				Postcode		Work Phone	е		
Work Email									
Classification		Increment		Annual Salar	у		Hours p	er Week	
PAYMENT DETAILS: (Please choose ONE of the options below)									
PSA subscriptions are 0.95% of your salary (plus GST) to a maximum of the ASO5 rate. PSA subscriptions are fully tax deductible.  Direct Debits will occur on the first working day of each month. Subscriptions can be paid using one of the following methods:									
Option 1: Monthly Direct Debit from Bank Account									
Financial Institution Account Name									
BSB Number - Account Number									
Option 2: Direct Debit from Credit Card (American Express and Diners Club cards are not accepted)						Mon	thly	Quarterly	
Card Number			-	-		Expiry Da	ate	/	
Cardholder's Name						Card Type	e Visa	Mastercard	
Option 3: Invoice					Quarterl	y Half	Yearly	Yearly	
PSA/CPSU membership subscriptions may also be paid by <b>BPAY</b> , <b>EFTPOS or cash</b> .									
PSA/CPSU Membership									
I hereby apply to join the Public Service Association of SA / Community and Public Sector Union, State Public Services Federation Group (SA Branch) and agree to be bound by the PSA/CPSU Rules.									
In accordance with my payment method, I authorise the PSA/CPSU to, until further notice in writing, debit my account any amounts which the PSA/CPSU may charge me through the direct debit system.									
By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you confirm that:  • You are authorised to operate the nominated account; and  • You have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Service Agreement.									
I understand and acknowledge that the Credit Union/Financial Institution may in its absolute discretion determine:  • The order of priority of payment by it of any money pursuant to this request or any authority mandate.  • At any time by notice in writing to me/us terminate this request as to further debits.									
Signature						Date	/	/	
*Resignation: Members intending to resign are required to give 14 days' written notice and remain financial during this period. *Refer to website for PSA/CPSU Membership Rules.									
RETURN TO: membership@psaofsa.asn.au   Reply Paid 2170, PSA/CPSU (SA Branch) GPO Box 2170, Adelaide SA 5001   Fax 8223 6509									
<b>Privacy Policy:</b> The PSA/CPSU is bound by the <i>Privacy Amendment (Private Sector) Act 2000</i> . Information is collected to enable the union to contact you about matters relating to your union membership and to ensure that we have the necessary information to represent your employment and related interests. A member can opt out of receiving such information by contacting the PSA/CPSU. The PSA/CPSU <i>Privacy Statement</i> is available from the PSA website or by contacting the office.									

Office Use Only Classification: List: Email Sent: Member No: Paying Emp: PSA Officer / Referring Person: CC Payment: Actual Emp: FTE: Pre-Exist: Input By: Worksite: Current Subs: PRD Form: Casual: Checked By: Occ Code: Monthly Subs: Debt Waiver: Invoice:



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## **TOGETHER WE ARE STRONG**

Belonging to a union empowers members to make positive changes at work. Be part of a strong network of committed people across the public sector.

Join Today: 8205 3200

www.psaofsa.asn.au

