

ME:

Title:



М

F

Other

JOINING FORM

Public Serivce Association of NSW Community and Public Sector Union JOINED BY:

\$

RUCTIBLE

Monthly

*PAYMENT MUST ACCOMPANY FORM

| MY | MEN | IBER | SHIP | |
|----|-----|------|------|--|
| | | | | |

\$41,825 - \$59,411

More than \$59,411

Payment frequency:

Fortnightly

Quarterly*

| Weekly membership fees are bas Please tick which applies to you: | sed on your gross annual income. |
|---|----------------------------------|
| ✓ Gross annual salary | Weekly fees from July 2018 |
| Less than \$10,456 | \$3.65 |
| \$10,456 - \$41,824 | \$7.10 |

\$11.45

\$14.90

IT CARD / CHEQUE

| First name: | |
|--------------------|----------------------------------|
| Surname: | |
| Preferred name: | |
| D.O.B: | |
| Aboriginal or Torr | res Strait Islander heritage? |
| Address (home): | STATE POSTCODE |
| Address (postal): | |
| Phone: | POSTCODE |
| HOME | WORK |
| | |
| Email: | NOMINATE YOUR PREFERRED EMAIL |
| WORK | PREFERRED |
| | PREFERRED |
| Red Tape magazi | |

| MY WORK: |
|---|
| Employer name: |
| Job title: |
| Commencement date: Agency: |
| Worksite address: |
| |
| SUBURB POSTCODE |
| Employment status: FULL-TIME PART-TIME |
| Employment type: PERMANENT CONTRACT CASUAL LABOUR |
| Are you a current Health Safety Rep (HSR)? |
| I would like more information about: |

PAYMENT: (Choose ONE of the following two options)

4 weekly

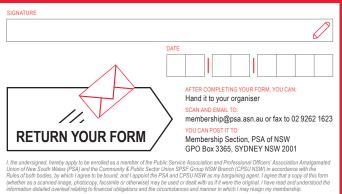
Yearly*

(Select a payment cycle that is convenient for you)

| OPTION 1 | : Direc | ct De | ebit | | | | | | | | | | |
|--|--|--|-----------------------------------|--|------------|-----------|---------------------|-----------|---------------------|-----------------------|-----------|------------|------------|
| NAME ON ACCOUNT | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| FINANCIAL INSTITUT | ION | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| BSB | | | | ACCOL | JNT NUM | BER | | | | | | | |
| | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | |
| | | | | | | | | | | | | | \bigcirc |
| 1. The PSA may verify information allowing th the purpose of enablin, Agreement overleaf an OPTION 2 | e PSA to veri g me to estab d agree with | ify the ab blish a dir its terms | ove ment ect debit and cond | ioned acco facility for litions. | ount detai | ls. 3. My | employe subscrip | r may rel | ease my have rea | bank acc ad the Au | count det | ails to th | e PSA fo |
| CARD NUMBER | | | | | | | | | | | | | |
| NAME ON CARD | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | E | EXPIRY D | DATE | | |
| | | | | | | | | | | | | | |
| | | | | | | | | 6 | 2 | | | | |

such change. This authority will stand, in respect of the above specified card and in respect of any card thereof, until I notify the PSA in writing of its cancellation. Union dues processed on 7th of each month.

DECLARATION:







Join the PSA/CPSU NSW

Change NE OULES

TERMS AND CONDITIONS:

Automatic Payment Service Agreement

We, the PSA, make the following commitment to you:

- » The PSA will debit/charge your membership fees as they fall due. However, if this day falls on a non-business day, they will be debited/ charged on the next business day.
- » The PSA will only use this authority to debit/charge regular fees. If you miss a payment, it will be picked up in the following period i.e. two instalments will be taken out.
- » Resignation from the PSA must be notified according to the section "How to resign from the PSA and CPSU NSW". Should you resign your membership, the PSA undertakes to cease debiting your account upon the termination of the written notice period.
- » The PSA will notify any changes to your union fees in "Red Tape".
- » The PSA will act in accordance with our Privacy Statement, while noting that your financial institution may require such information to be provided in connection with a claim made on it relating to an alleged incorrect or wrongful debit.
- » The PSA will investigate and deal promptly with any queries, claims or complaints regarding debits/charges and provide a response within 21 days of receipt.

Your commitment to the PSA:

- » You will ensure that the account details provided to the PSA are identical to the account details held by your bank or financial institution.
- » You will ensure that you have sufficient funds or credit available in the nominated account on the due date for payment of your fees. You will let us know in writing within 14 days if the nominated account is altered, transferred or closed.
- » You will be responsible to ensure that the amounts debited/charged to your nominated account for your PSA fees are correct.

- » If the charging arrangements are stopped by you or your nominated bank or financial institution, you will arrange a suitable alternative payment method with the PSA.
- » Resignation from the PSA/CPSU NSW will be notified by you as per the conditions in the section "How to resign from the PSA and CPSU NSW". Repayments will not be made for late notifications.

How to resign from the PSA and CPSU NSW

You may resign from membership when either you cease to work in an area covered by the Association or by giving 14 days notice in writing of your intention to resign to the PSA General Secretary.

Resignation from the PSA will also be taken as resignation from the CPSU NSW, subject to confirmation.

Resignation from the CPSU NSW can be by notice in writing of two weeks or more, such notice being delivered to the Secretary of the CPSU SPSF Group NSW Branch.

Please note that you are obliged to pay any dues owing to the PSA up to the date of effect of the resignation and that fees are not refundable on resignation from the PSA/CPSU NSW.

Privacy Statement

Information collected in these applications is used for the purposes of the PSA and the CPSU NSW only.

When we use third parties to carry out union functions (eg mail-houses, electoral offices, candidates to union office, union delegates, etc.) only necessary information is released, and subject to the condition that it not be used for any other purpose.

Information requested for payment of membership fees is provided only to the relevant financial institution or employer.

Any member may at any time arrange to see and correct their membership record by contacting membership@psa.asn.au

T 1300 772 679 F 02 9262 1623

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