

Membership Application Form



Membership Details [Conditions apply for applicants with a pre-existing issue]

Title	First Name	Last Name	
Home Address			
Suburb	Postcode	Date of Birth / /	
Home Phone	Work Phone	Mobile	
Home Email		Work Email	
Department/Agency		Occupation	
Directorate			
Work Address			
Suburb	Postcode	Hours Per Week	
Classification	Increment	Annual Salary	
Are you of Aboriginal or Torres Strait Islander heritage? (Optional)			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, both

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.

Membership subscriptions can be paid by either Direct Debit from a nominated Bank Account or Credit Card, via an account using BPAY, phone payment, or payment at the PSA Member Benefit Centre. Unless otherwise notified, direct debits will occur on the first working day of each month.

Option 1: Monthly Direct Debit From Bank Account

If you wish to pay by Direct Debit from a Bank account, please complete your details below.

Name of Financial Institution	Account Name
BSB Number	Account Number

Option 2: Monthly/Quarterly Debit From Credit Card

If you wish to pay by credit card, please complete your details below. The PSA does not accept American Express or Diners Club Cards.

Card Number	Expiry Date
Cardholder's Name	
Card Type	Monthly / Quarterly

Option 3: Quarterly/Half Yearly/Yearly Invoice

PSA/CPSU membership subscriptions may also be paid by **BPAY, cash, cheque or money order**. If paying via this method, please make cheques and money orders payable to the PSA/CPSU.

Quarterly Half Yearly Yearly

PSA/CPSU Membership

I hereby apply to join the Public Service Association of SA / Community and Public Sector Union, State Public Services Federation (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.

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 or mandate.
- At any time by notice in writing to me/us terminate this request as to further debits.

Signature	Date
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*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@cpsu.asn.au | Reply Paid 2170, PSA /CPSU (SA Branch), GPO Box 2170, Adelaide SA 5001 | Fax Number 8223 6509

Privacy Policy: The PSA/CPSU is bound by the *Privacy Amendment (Private Sector) Act 2000*. 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 *Privacy Statement* is available from the PSA website or by contacting the office.

Office Use Only

Member Number:	Paying Emp:	PSA Officer / Referring Person:
	Actual Emp:	
Input By:	Worksite:	
Checked By:	Occ Code:	
		Website