



Membership Application Package for PSA & CPSU



University version July 2006 – June 2007

PSA & CPSU Relationship

New members are advised to join both the PSA (Public Service Association of NSW), which is registered under NSW industrial law, and the CPSU (Community & Public Sector Union), which is registered under Commonwealth industrial law. You pay fees to the PSA, and then the PSA pays affiliation fees to the CPSU, i.e. you only pay one fee. You get two unions for the price of one.

Please fill in all details for forms A and B, and then fill out your choice of payment method (sections C, D, or E), and return to :

Membership Section
Public Service Association of NSW
GPO Box 3365, SYDNEY NSW 2001

The application and fee forms are overleaf. Please read carefully the information on this side first.

PSA Fees - University Members

SALARY	FEES (includes GST)		
	Annual	Quarterly	Fortnightly
More than \$41,868	\$548.20	\$137.05	\$21.10
\$29,477 - \$41,868	\$422.05	\$105.50	\$16.25
\$7,369 - \$29,476	\$263.50	\$65.90	\$10.15
Less than \$7,369	\$137.35	\$34.35	\$5.30
		Annual	
Leave without pay (LWOP more than 3 months must be notified)			\$25.25
Retrenched/Retired Officers			\$25.25
Retrenched/Retired Officers with Provident Fund			\$31.00

Members proceeding on Leave Without Pay in excess of three months need to advise the Association so as to maintain their financial membership of the Association and the Provident Fund at a special rate of \$25.25. Members on Leave Without Pay for a lesser period than three months pay the usual rate.

PSA fees are tax deductible, i.e. you get a substantial refund from the Tax Office.

Payment of Fees - Your Choices

- Members who **pay by bank debit** may pay fortnightly. The debit to your account is made on the public service payday.
- **Credit card payments** may be started by lodging the credit card form (section D.). After the first payment, credit card payments may be made by phone - ring (02) 9220 0945 or 1800 808 290.
- **Direct payers, i.e. invoiced payers**, must pay at least quarterly. This includes people who pay by credit card, cheque or cash. Most pay quarterly, some annually. Members are billed as payments fall due.

Note: If you have any problems or wish to cancel your direct debit please contact the union first on 1800 808 290 or 02 9220 0945.

Manner of Resignation from PSA & CPSU

- (a) A member may resign from membership of the PSA when:
- he/she ceases to work in an area covered by the PSA;
 - by giving notice in writing of three months or more that he/she will resign from the PSA, such notice being delivered to the General Secretary of the PSA.
- (b) The member is obliged to pay any dues owing to the PSA up to the date of effect of the resignation.
- (c) Resignation from the PSA will, subject to confirmation, be taken as resignation from the CPSU.
- (d) Resignation from the CPSU can be by notice in writing of two weeks or more, such notice being delivered to the NSW Branch Secretary of CPSU (SPSF Group).

Privacy Statement

Information collected in these applications is used for the purposes of the PSA and the CPSU only. When we use third parties to carry out union functions, eg mail-houses, electoral offices, candidates to union office, union delegates, etc., only information necessary is released, and such information is released 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.

Authorised by John Cahill, General Secretary,
Public Service Association of NSW,
and Branch Secretary, Community and Public Sector Union
(SPSF Group NSW Branch)

A Application for PSA Membership

Public Service Association of NSW

Reg. Office: 160 Clarence Street, Sydney, ABN 83 717 214 309

(Please print neatly and fill in all details)

I, (Title (Mr/Mrs/Ms/Dr etc) Name in full):

hereby apply to be enrolled as a Member of the Public Service Association of New South Wales in accordance with its Constitution and Rules, by which I agree to be bound, and I nominate the PSA as my bargaining agent.

Home address: _____

Postcode: _____

Employing University: _____

Occupation & Level: _____

Current Work Address: _____

Postcode: _____

E-mail: _____

Mobile: _____ Fax: _____

Tel (w): _____ Tel (h): _____

Date of birth: _____ M or F: _____

Date of appointment (approx.): _____

Pay serial No. _____

Annual Salary range Over \$41,868

(Please tick a box) \$29,477 - \$41,868

\$7,369 - \$29,476

Less than \$7,369

I agree that a copy of this form (whether copied by photocopy, microfilm, facsimile or otherwise) may be used or dealt with as if it were the original. **I have read and understood the information relating to financial obligations and the circumstances and manner in which I may resign my membership.**

SIGN & DATE: _____

D Payment of Fees by Credit Card

(Please print neatly and fill in all details)

Full name on credit card: _____

Card No: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiry Date: _____

Master/VISA/Bank: _____

Amount paid: \$ _____ (minimum is fee for one quarter) – see rates & conditions over the page.

SIGN & DATE: _____

B Application for CPSU Membership

Community & Public Sector Union (SPSF Group NSW Branch)

Reg. Office: 160 Clarence Street, Sydney, ABN 11 681 811 732.

(Please print neatly and fill in all details all details)

I, (Title (Mr/Mrs/Ms/Dr etc) Name in full)

apply for membership in the Community & Public Sector Union and agree to be bound by the Rules of the Union, and I nominate the CPSU as my bargaining agent. I understand that:

(a) If I am a member of the PSA, then the PSA will pay to CPSU the monies payable in respect of my membership.
(b) Resignation: The same conditions as for the PSA apply. (See conditions of resignation.) A resignation from the PSA will be taken as a resignation from CPSU, subject to confirmation.

I agree that a copy of this form (whether copied by photocopy, microfilm, facsimile or otherwise) may be used or dealt with as if it were the original.

SIGN & DATE: _____

C Direct Debit Request

Fill out to arrange deductions from your bank/credit union. More info 1800 808 290.

I _____ authorise the Public Service Association of NSW (user ID 040 172) until further notice in writing, to arrange for funds to be debited from my account as listed immediately below, for the relevant amount for my subscription to the PSA.

Account name: _____

Bank/Credit Union: _____

Bank/Credit Union Branch: _____

Your BSB Number: _ _ _ - _ _ _

Your Account No: _ _ _ _ _ - _ _ _ _ _

Frequency of debit is fortnightly
See subscription rates overleaf

SIGN & DATE: _____

E Direct payment

I forward herewith the sum of \$ _____ being subscription for _____ months (minimum 3 months)

(Optional) If you are an Australian Aboriginal or Torres Strait Islander member, please tick the box. This will assist our Aboriginal Liaison Officer to maintain an accurate list of members.