

PSA membership application form



Complete and return to: PSA Membership, PO Box 3817, Wellington. Or fax to 04 917 2051.

Personal details

First name(s)

Surname

Female Male Date of birth / /

Ethnicity

Home address

Home email*

Home phone Mobile

Employment details

Name of the organisation you work for

Your current occupation

Work physical address

Work phone

Work DDI

Work email*

Usual number of paid hours a week

Your annual pay: Under \$17,000
 \$17,000 - \$34,000 Over \$34,000

*I prefer the PSA to email me on: (tick your preference)
 Work email Home email Both

PSA Networks

PSA networks bring together members with a common interest to share ideas and information. Maori members are automatically registered for the network of Te Runanga o nga Toa Awhina.

To register for any of our other networks, please tick the relevant box(es).

- PSA Pasefika
- Women's Network
- Out@PSA
- Ethics Network
- PSA Youth (under 35 years)

Privacy

The information we have requested is to enable the PSA to administer your membership, provide a better service and keep you informed. You can review and request correction of personal information held by the PSA at any time. This can also be done online – psa.org.nz / Update My Details

Conditions of membership

I agree to abide by the rules of the PSA and I authorise the PSA to act as my representative in all matters relating to my employment, including the negotiation and enforcement of my employment agreement. In the event there is a legal issue, the PSA will make the final determination with respect to progression and PSA representation. It is not PSA practice to assist with employment issues which occurred prior to joining the PSA.

PSAplus benefits

Products and services are available to you as a member through PSAplus. Unless you request otherwise, your contact details may be made available to product and service providers. If you do not wish to be contacted about PSAplus products and services, please tick the box below.

I do not authorise you to provide my contact details to PSAplus product and service providers.

Deductions

I authorise my employer to deduct and pay the PSA (Public Service Association Inc) any membership subscription as determined and duly notified from time to time by the PSA Executive Board.

Signature Date / /

PSA membership fees 2011

Annual wage under \$17,000 \$3.70 per fortnight	Between 17,000 and \$34,000 \$7.40 per fortnight	Over \$34,000 \$14.80 per fortnight
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Payroll authorisation form



Fill in this section and give to your pay clerk.

I instruct my employer to deduct and pay the PSA (Public Service Association Inc) any membership fee as determined and duly notified from time to time by the PSA Executive Board.

Name Your occupation

Name of the organisation you work for

Signature Date