

GROUP MEMBERSHIP FORM

By signing this form you agree to abide by the rules of the PSA and authorise the PSA to act as your representative in all matters relating to your employment, including the negotiation and enforcement of your 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 arose prior to joining the PSA.

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



Employer:..... Date:.....

Please fill out this form IN CAPITAL LETTERS

Dear payroll, please commence union fee deductions for the PSA members listed below. If you have any queries contact membership@psa.org.nz

Name	DOB	M/F/X	Address	Contact (Email + Mobile)	Worksite	Position	Signature
				E: M:			
Tick this box if you are Māori <input type="checkbox"/>				E: M:			
Tick this box if you are Māori <input type="checkbox"/>				E: M:			
Tick this box if you are Māori <input type="checkbox"/>				E: M:			
Tick this box if you are Māori <input type="checkbox"/>				E: M:			
Tick this box if you are Māori <input type="checkbox"/>				E: M:			
Tick this box if you are Māori <input type="checkbox"/>				E: M:			

Current fortnightly fees: Annual pay under \$18,970 = **\$4.25**. Annual pay between \$18,970 and \$41,184 = **\$8.65**. Annual pay over \$41,184 = **\$17.45**.