MEMBERSHIP FORM

Fill in the details below. Fold and send to **PSA Membership, Freepost 3742, PO Box 3817, Wellington 6140** (no stamp required).

Or scan and email to: **membership@psa.org.nz**

First name

Surname

Employer ..... **Self employed** ☐

Occupation/Team .....

Worksite address .....

Employee/Payroll no. (if known) .....

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.

Signed ..... **Date** .....

We will send everything above this line to your employer for payroll purposes. Information below this line is for PSA use only.

The PSA will arrange for your membership fees to be deducted from your salary. To arrange alternative payment methods, contact Membership on **0508 367 772** or **membership@psa.org.nz**.

Home address

☐ **Male** ☐ **Female** ☐ **Gender diverse**

Do you identify as Māori? ☐ **Ethnicity** .....

Māori members automatically join Te Rūnanga o Nga Toā Āwhina

Date of Birth DD / MM / YY **Mobile #**

If no mobile phone, please provide preferred land line

Work Email

If no work email, please use home

NETWORKS

I wish to join the following PSA networks (members under 35 automatically join PSA Youth):

☐ Out@PSA ☐ Deaf and Disabled ☐ Pasefika ☐ Women's Network

Privacy: View our policy on the confidentiality of information we collect at **psa.org.nz/privacy** or freephone **0508 367 772**