

MEMBERSHIP FORM



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

First name

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

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Surname

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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 the PSA Membership team on **0508 367 772** or membership@psa.org.nz.

Fortnightly fees: Annual pay under \$19,629 = **\$4.40**. Between \$19,629 and \$42,744 = **\$8.90**. Over \$42,744 = **\$18.00**.

Home address

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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 #**

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If no mobile phone, please provide preferred land line

Work Email

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If no work email, please use home

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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