

The Public Service Association of SA Inc
 Community & Public Sector Union
 SA Branch (SPSF Group)

Methods of Payment
 Please complete one of the following sections

Personal details

Title _____ Surname _____
 First name/s _____
 Home address _____
 Home phone _____ Gender _____ Date of birth _____

Employment details

Dept/agency _____
 Work address _____
 Work phone _____ Work fax _____
 E-mail _____
 Full time Part time Casual
 Total hours worked per week _____ Classification (eg ASO 2) _____
 Occupation _____ Increment _____
 Annual salary _____ Referred by _____

PSA Membership

I hereby apply to join the Public Service Association of SA and agree to be bound by the rules.

CPSU Membership

I hereby apply to join the Community and Public Sector Union, State Public Services Federation (SA Branch) and agree to be bound by the rules.

Signature _____ Date _____

I do / do not wish to receive a tax statement (please circle).

The PSA/CPSU is bound by the *Privacy Amendment (Private Sector) Act 2000*. Information is collected to enable the union to contact you about matters relating to your union membership and to ensure that we have the necessary information to represent your employment and related interests. A member can opt out of receiving such information by contacting the PSA/CPSU. The PSA/CPSU *Privacy Statement* is available from the Union's web site or by contacting the office.

Please mail your completed application form to:

Reply Paid Number 5306, PSA/CPSU SA Branch
 GPO Box 2170, Adelaide SA 5001 (no stamp required)

For any further information call the PSA on:
 (08) 8205 3200 or freecall 1800 811 457

Direct Debit

Subscriptions are 0.95% of your substantive base salary and are tax-deductible. The appropriate Goods and Services Tax amount will also be deducted. Unless otherwise notified, direct debits occur on the first working day of each month. Below is the authorisation for your subscription to be paid by direct debit.

To: The Manager

Name of Credit Union/Financial Institution _____
 Address of Credit Union/Financial Institution _____

I/we request you, until further notice in writing, debit my/our account described in the schedule below, any amounts which the Public Service Association of SA Inc., Community and Public Sector Union, SA Branch (SPSF Group)* (User ID 028498) may debit or charge me/us through the Direct Debit system.

I/we understand and acknowledge that the Credit Union/Financial Institution may in its absolute discretion determine:

1. The order of priority of payment by it of any money pursuant to this request or any authority or mandate.
2. At any time by notice in writing to me/us terminate this request as to further debits.

Signature/s _____

Date _____

Member's name _____

Address _____

Account name _____

BSB number _____ Account number _____

Accounts

PSA/CPSU membership subscriptions may also be paid by cheque, money order or cash.

If paying via this method, please make cheques and money orders payable to the PSA/CPSU.

I wish to pay quarterly I wish to pay half yearly I wish to pay annually

Credit Card

If you wish to pay by credit card on a monthly basis, please complete details below.

Card number

Cardholder's name _____ Expiry date _____

Card type Mastercard Visa

Signature _____