

EMPLOYED MEMBERSHIP FORM

Digital version February 2025



Fill in the details below. Once complete, email to: membership@psa.org.nz

Surname	First Name
Payroll/Employee no. (if known)	Preferred Name
Employer	
Workplace Address	
Occupation/Position	Department/Team
Work hours per week	Pay range
Employment Status	Work Email

I understand that by returning this form to the PSA I agree to abide by the Rules & Regulations and values of the PSA and authorise the PSA to act as my representative in all matters relating to my employment, including the negotiation and enforcement of my employment agreement. I understand the PSA offers a range of services including expert advice in employment matters. In the event there is a legal issue, the PSA will make the final determination with respect to progression and PSA representation. I understand the PSA does not ordinarily assist members with issues that arose prior to joining the PSA.

I authorise my 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.

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 at membership@psa.org.nz.

Fortnightly fees: (from 1 March 2025)

Under \$23,346: **\$5.50**, \$23,346 - \$57,824: **\$11.20**, \$57,825 - \$65,415: **\$17.40**, \$65,416 - \$89,202: **\$23.20**, \$89,203 - \$118,936: **\$26.50**, Over \$118,936: **\$29.30**

Have you been a PSA Member before? ☐ Yes ☐ No

Member Number (If unknown, please leave empty)

Birth Date

Gender

Ethnicity

Māori members automatically join Te Rūnanga o Nga Toā Āwhina

Home Address

Personal Email

Preferred Email

Personal

Work

Mobile Phone

This is the primary address we will use including for employment related matters

Networks

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

Health and Safety Reps

Network PSA Youth

Network Eco Members

Network Deaf and Disabled

Network Women's

Network PSA Pasefika

Network Out@PSA

Network ALMA

Network Social Worker Action