



Psychologists Association (SA Branch) Inc  
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[info@pasab.org.au](mailto:info@pasab.org.au)

## APPLICATION FOR MEMBERSHIP

*A Union run by Psychologists for Psychologists*

*Officials who understand the practical issues facing working psychologists*

*Free Industrial, legal advice and representation*

*Commitment to a Psychologists award and taking a wage case in SA*

*Commitment to representing psychologists specifically in enterprise bargaining agreements for improve career structures, training and PD*

*Advocating for psychologists with employers and health insurers for improved benefits*

*Insurance for travel to and from work both public and private for those under 65 years*

*Support for Private practicing Psychologists including cheaper Income protection and Professional indemnity insurance*

*Regular information updates, discounts and support*

*Commitment to women's issues and equal employment*

I, .....  
 first name middle name surname

Hereby apply to be a member of the above association, and upon being admitted I pledge myself to comply with the rules of the same.

Address .....  
 .....postcode .....

Phone number ..... (w)..... (h)

Email ..... DOB.....

Occupation/position held .....

Employer .....

Employer address .....

.....

Hours worked per fortnight.....  
 (Note: F/T equals >38 hours plus hours pfn)

Signature.....

Date / /

I wish to become a student membership at \$25 pa

I wish to pay membership fees via employer salary deduction (please complete authorization below)

I wish to pay membership fees in advance by cheque

Yearly (FT \$400pa, PT \$300pa)

Half yearly (FT \$200, PT \$150)

Quarterly (FT \$100, PT \$75)

### Authorization for salary deduction

I, .....  
 first name middle name surname

Hereby authorize and request my employer to deduct from my salary and pay to the Psychologists Association (SA Branch) Inc

\$15.40 (FT) / \$11.50 (PT) Or the amount required to maintain me as a financial member in accordance with the Association's rules each pay period.

This authorization is to remain in force until revoked by me in writing .

I undertake to notify the association if my employment status alters between part time and fulltime

Signature.....Date / /

