



Application for affiliation to PSI

The.....
(Name of organisation)

applies for affiliation to Public Services International (PSI), following authorisation granted to

the.....
(President, General Secretary, etc.)

by the.....
(Executive Committee, etc)

at its meeting on.....
(Date)

In submitting this request, we confirm that we are an independent, free and democratic trade union organisation, and we agree to abide by the PSI Constitution and to fulfil all financial and other obligations involved in affiliation.

1. ORGANISATION

Address

.....
.....

Country

.....

Telephone

Fax

Website

General/Generic email

Twitter

Chief Officers

(President; General Secretary; International Secretary; Sectoral Officers; Women’s/Equality Secretary; Communications Officer; Young Workers Officer...):

First Name – Last Name	Title	Email	Gender (M/F)

The main person in charge of relations with PSI (**PSI Primary Contact Person**) is:

First Name – Last Name	Title	DIRECT email and phone	Gender (M/F)

2. NATIONAL AND INTERNATIONAL AFFILIATIONS

Is your union affiliated to a national trade union centre (TUC)?

Yes, we are affiliated to No []

Is your union affiliated to another global union federation (GUF)?

Yes, we are affiliated to No []

3. MEMBERS

Total membership of the organisation

Total membership eligible for affiliation to PSI

Approximate percentage (%) of women

Do you have a special youth section? Yes [] No []

Approximate percentage (%) of members under 35 years

4. SIGNATURES

Authorised signatures of two elected officers of the organisation:

We, the undersigned, certify that the above information is true and correct to the best of our knowledge.

Signed at (place) Date :

.....
(name)

.....
(name)

.....
(designation)

.....
(designation)

.....
(signature)

.....
(signature)

Please return this application form to your PSI Regional Office, along with the documents listed below:

1. Valid Constitution of the applicant organisation.
2. List of members of its Executive Committee or equivalent body, with designation/responsibilities of each one.
3. Copy of the most recent audited financial statement.

PSI Regional Offices

<p>PSI Interamerica Rua Barão de Itapetininga, 163 – 2º andar República – Centro CEP 01042-001 São Paulo Brazil Tel. +55.11. 31204947 Fax +55.11. 32577371 psi.interamerica@world-psi.org</p>	<p>PSI Asia & Pacific Mob: +66 930518861 kate.lappin@world-psi.org</p>	<p>PSI Europe 45, avenue Voltaire BP 9 01211 Ferney-Voltaire Cedex France Tel +33 (0)4 5040 6464 Fax +33 (0)4 5040 7320 psi@world-psi.org</p>	<p>PSI Africa and Arab Countries 36 ave du RPT, BP 8473 Tokoin Casablanca Lomé, Togo Tel + 228 223 1261 or + 228 223 1260 Fax + 228 221 2852 Psi.africa@psi-world-psi.org</p>
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Please send a copy of your application to:

General Secretary
Public Services International
BP 9
01211 Ferney-Voltaire Cedex
France

Phone +33 (0)4 5040 6464
Fax +33 (0)4 5040 7320
Email psi@world-psi.org

Membership Survey (Sectors)

Please specify the sectors in which the union represents public service workers and indicate the number of members represented in each of these, the gender breakdown, the proportion of young workers and the main contact person.

Sector	Union has members in sector	Number of members (figures can be approximate)	Gender breakdown (figures can be approximate)	Young Workers (figures can be approximate)	Contact	Authority level ¹ (can be more than one)		
						Local	Regional	National
Health and social services	<input type="checkbox"/>	_____	% women _____ % men _____ % other _____	% under 35 years' old _____	First name: _____ Last name: _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	_____	% women _____ % men _____ % other _____	% under 35 years' old _____	First name: _____ Last name: _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education support and culture workers	<input type="checkbox"/>	_____	% women _____ % men _____ % other _____	% under 35 years' old _____	First name: _____ Last name: _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local and regional government	<input type="checkbox"/>	_____	% women _____ % men _____ % other _____	% under 35 years' old _____	First name: _____ Last name: _____ Email: _____			
Central government	<input type="checkbox"/>	_____	% women _____ % men _____ % other _____	% under 35 years' old _____	First name: _____ Last name: _____ Email: _____			
Other public services	<input type="checkbox"/>	_____	% women _____ % men _____ % other _____	% under 35 years' old _____	First name: _____ Last name: _____ Email: _____			

¹ Specify the authority which manages the sector: local, regional and/or national

Membership Survey (Activities)

Please indicate the level of activity of the union in the following areas and the main contact person.

Area of Activity	Level of experience		Contact
Resisting Privatisation	<input type="checkbox"/> very active <input type="checkbox"/> not active	<input type="checkbox"/> active <input type="checkbox"/> not applicable	First name: _____ Last name: _____ Email: _____
Influencing Government Policy	<input type="checkbox"/> very active <input type="checkbox"/> not active	<input type="checkbox"/> active <input type="checkbox"/> not applicable	First name: _____ Last name: _____ Email: _____
Human and Trade Union Rights	<input type="checkbox"/> very active <input type="checkbox"/> not active	<input type="checkbox"/> active <input type="checkbox"/> not applicable	First name: _____ Last name: _____ Email: _____
Equality and Equity	<input type="checkbox"/> very active <input type="checkbox"/> not active	<input type="checkbox"/> active <input type="checkbox"/> not applicable	First name: _____ Last name: _____ Email: _____
Tax	<input type="checkbox"/> very active <input type="checkbox"/> not active	<input type="checkbox"/> active <input type="checkbox"/> not applicable	First name: _____ Last name: _____ Email: _____
Trade	<input type="checkbox"/> very active <input type="checkbox"/> not active	<input type="checkbox"/> active <input type="checkbox"/> not applicable	First name: _____ Last name: _____ Email: _____
Climate Change	<input type="checkbox"/> very active <input type="checkbox"/> not active	<input type="checkbox"/> active <input type="checkbox"/> not applicable	First name: _____ Last name: _____ Email: _____
Migration	<input type="checkbox"/> very active <input type="checkbox"/> not active	<input type="checkbox"/> active <input type="checkbox"/> not applicable	First name: _____ Last name: _____ Email: _____
Occupational Health and Safety (OHS)	<input type="checkbox"/> very active <input type="checkbox"/> not active	<input type="checkbox"/> active <input type="checkbox"/> not applicable	First name: _____ Last name: _____ Email: _____