



Public Services International
Internationale des Services Publics
Internacional de Servicios Públicos
Internationale der Öffentlichen Dienste
Internationell Facklig Organisation för Offentliga Tjänster
国際公務労連

PSI Membership Survey 2013 (short version)

We greatly appreciate the time spent in filling in this questionnaire. Please note that this form is designed to be filled in electronically it should not be printed out. If you have any problems or questions please contact:

E-mail: membership@world-psi.org

Union Name:

Unique PSI reference (if known): Country:

Please indicate the name, position and contact information of the person authorised to complete this questionnaire **IF DIFFERENT TO MAIN CONTACT FOR PSI** (see next section).

Position/Title:

Gender Ms/Mr.. Firstname

Lastname

Phone Number E-mail

Other No. Specify:

Where possible, I would like to receive PSI information in the following language(s):

Main language Language 2 Language 3

B. CURRENT OFFICE HOLDERS

Exact title: Gender Ms/Mr...

Firstname Lastname

Phone No. E-mail

Other No. Specify

Where possible, I would like to receive PSI information in the following language(s):

Main language Language 2 Language 3

Exact title: Gender Ms/Mr...

Firstname Lastname

Phone No. E-mail

Other No. Specify

Where possible, I would like to receive PSI information in the following language(s):

Main language Language 2 Language 3

Exact title: Gender Ms/Mr...

Firstname Lastname

Phone No. E-mail

Other No. Specify

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Other No. Specify

Where possible, I would like to receive PSI information in the following language(s):

Main language Language 2 Language 3

Exact title: Gender Ms/Mr...

Firstname Lastname

Phone No. E-mail

Other No. Specify

Where possible, I would like to receive PSI information in the following language(s):

Main language Language 2 Language 3

SECTION 4: OTHER COMMUNICATION INFORMATION

A. PUBLICATIONS

What regular publications does your union produce? Please specify the language(s), format and frequency of the publication:

Publication name	Frequency	Format	Language

Would your union accept to publish PSI information to its website? Yes No

Please specify to whom this information must be sent, or define a new contact below: List of contacts:

Exact title: Gender Ms/Mr...

Firstname Lastname

Phone No. E-mail

Other No. Specify

Where possible, I would like to receive PSI information in the following language(s):

Main language Language 2 Language 3

Would your union agree to forward PSI information (such as Urgent Actions) to your members and networks? Yes No

Please specify to whom this information must be sent, or define a new contact below: List of contacts:

Exact title: Gender Ms/Mr...

Firstname Lastname

Phone No. E-mail

Other No. Specify

Where possible, I would like to receive PSI information in the following language(s):

Main language Language 2 Language 3

Please indicate the dates and venue of your next Congress/Convention:

Event title From: To:

Town Country Frequency: