



NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

APPLICATION FOR MEMBERSHIP NAPTOSA EASTERN CAPE – 2018

PLEASE RETURN TO: The Chief Executive Officer, NAPTOSA (EC)
P O Box 34700 NEWTON PARK 6055

Fax 041 364 0259 or 086 754 7085

Please accept this application for membership of NAPTOSA.

TITLE	Prof		Dr		Mr		Mrs		Miss		Ms	
SURNAME												
INITIALS												
FIRST NAMES (in full)												
PERSAL NUMBER (Also applicable if previously State-employed)												
DATE OF BIRTH												
SACE NO												
ID NUMBER												
HOME ADDRESS (POSTAL)												
CODE												
TEL: CODE												NO
CELL NUMBER												

SCHOOL/INSTITUTION/ OFFICE NAME													
ADDRESS (of school / institution) (POSTAL)													
CODE													
PAYPOINT No													
TEL: CODE												NO	
FAX: CODE												NO	
E-mail													
PERMANENT		Tick box		or	TEMPORARY		Tick box						
TERMINATION DATE OF TEMP APPT (IF APPLICABLE)													
(Please tick applicable boxes):													
TEACHER:						PUBLIC SERVANT:							
EDUCATOR (CS)						ADMINISTRATIVE							
THERAPIST						DOMESTIC							
PSYCHOLOGIST						GENERAL ASSISTANT							
						NURSE							
						OTHER							
EMPLOYED BY:	ED DEPT		SGB/COUNCIL		INDEP SCH								
My membership fees will be paid to NAPTOSA by:													
EDUCATION DEPT							SCHOOL/COLLEGE						
							SELF						

DETAILS OF THE RECRUITER (Complete this section if applicable. Recruitment Incentive payable to members only if ALL details are completed.)												
SURNAME												
FIRST NAMES												
PERSAL NUMBER												
ID NUMBER												
TAX NUMBER												
HOME ADDRESS (POSTAL)												
CODE												
HOME ADDRESS (STREET)												
CODE												
SCHOOL												
BANK DETAILS FOR PAYMENT OF THE RECRUITERS FEE												
BANK												
BRANCH NAME												
BR CODE												
ACCOUNT NUMBER												
TYPE OF ACCOUNT												
CHEQUE				OR				SAVINGS				

APPLICANT'S SIGNATURE		DATE	
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- NB • DO NOT SEPARATE THE TWO HALVES OF THE PAGE.
- IF EMPLOYED BY AN EDUCATION DEPARTMENT, PLEASE SIGN THE STOP ORDER BELOW.

STOP ORDER (STATE EMPLOYEES ONLY)	
To: Head: Education Department of Education	
I, the afore-mentioned, and undersigned, hereby authorise you to deduct monthly from my salary my subscription due to the National Professional Teachers' Organisation of South Africa (NAPTOSA)	
R97.00 (ninety seven rand only) per month	
or such subscription as is determined from time to time by Congress and pay it to NAPTOSA [PERSAL Table 139 Code 0026]. I understand that any correspondence in connection with this stop order must be directed to NAPTOSA.	
_____ SIGNATURE	_____ DATE

DO NOT SEND THIS FORM DIRECTLY TO AN EDUCATION DEPARTMENT