NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

APPLICATION FOR MEMBERSHIP NAPTOSA LIMPOPO – 2017

PLEASE RETURN TO: The Chief Executive Officer, NAPTOSA
Limpopo P O Box 1309 HOUGHTON 2041
Fax 011 486-2899 (e-mail infogauteng@naptosa.org.za)

Please accept this application for membership of NAPTOSA.

TITLE	Prof		Dr		Mr		Mrs		Miss		Ms																				
SURNAME																															
INITIALS																															
FIRST NAMES (in full)																															
PERSAL NUMBER																															
DATE OF BIRTH	d d / m m / 1 9																														
ID NUMBER																															
HOME ADDRESS (POSTAL)																															
TEL:	CODE																														
CELL NUMBER																															
Personal E-mail address																															
Are you Resigning from another union?																															
Do you have a Group Scheme Policy with Old Mutual																															
T-Shirt Size (S; M; L; XL; XXL; XXXL;XXXXL)																															

SCHOOL/COLLEGE/ OFFICE																															
POSTAL ADDRESS (of institution)																															
PAYPOINT No																															
TEL:	CODE							NO																							
FAX:	CODE							NO																							
E-mail																															
PERMANENT	*Tick box*		or	TEMPORARY	*Tick box*																										

(Please tick applicable boxes):

TEACHER:		*PUBLIC SERVANT:*	
EDUCATOR (CS)		ADMINISTRATIVE	
THERAPIST		DOMESTIC	
PSYCHOLOGIST		GENERAL ASSISTANT	
FET COLLEGE LECTURER		NURSE	

EMPLOYED BY:	ED DEPT		SGB/COUNCIL		INDEP SCH	

My membership fees will be paid to NAPTOSA by:

EDUCATION DEPT		SCHOOL/COLLEGE		SELF	

NB Write your name in the Reference blocks on deposit slip; fax proof of payment.

DETAILS OF THE RECRUITER (Complete this section if applicable. Recruitment Incentive payable to members only if full details are supplied.)																								
SURNAME																								
FIRST NAMES																								
PERSAL/MEMBERSHIP NUMBER																								
ID NUMBER																								
TAX NUMBER																								
MARITAL STATUS	Married										Not Married													
HOME ADDRESS (POSTAL)																								
SCHOOL																								
RECRUITER'S BANK DETAILS FOR for payment of recruitment fee (Please write clearly)																								
BANK																								
BRANCH NAME											BR CODE													
ACCOUNT NUMBER																								

APPLICANT'S SIGNATURE		DATE	

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)

R90,40 (ninety rands and forty cents) per month

or such subscription as is determined from time to time by NAPTOSA 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