



NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

APPLICATION FOR MEMBERSHIP OF NAPTOSA (NORTH WEST) – 2017

PLEASE RETURN TO: The Chief Executive Officer, NAPTOSA (North West)
287 Klopper Str, Protea Park, Rustenburg, 0299
Fax Number: (086) 552 9097/ (014) 533 0263
Email: infonw@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						(Also applicable if previously State-employed)					
DATE OF BIRTH						SACE NO					
ID NUMBER											
HOME ADDRESS (POSTAL)						CODE					
TEL: _____ CELL: _____											

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

APPLICANT'S SIGNATURE		DATE	
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DETAILS OF THE RECRUITER (Complete this section if applicable. Recruitment Incentive payable to members only if full details supplied.)											
SURNAME											
FIRST NAMES											
ID NUMBER											
TAX NUMBER											
HOME ADDRESS (POSTAL)						CODE					
SCHOOL											
CONTACT NUMBER											
BANK											
BANK ACC NO						Type Of Acc:					
BRANCH CODE						Branch Name:					

- 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 per month	
or such subscription as is determined from time to time by NAPTOSA and pay it to NAPTOSA [PERSAL Table 139 Code 026]. I understand that any correspondence in connection with this stop order must be directed to NAPTOSA.	
APPLICANT'S SIGNATURE	DATE

**DO NOT SEND THIS FORM DIRECTLY
TO AN EDUCATION DEPARTMENT OR SCHOOL BURSAR**