



NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

APPLICATION FOR MEMBERSHIP NAPTOSA EASTERN CAPE – 2019

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 <small>(Also applicable if previously State-employed)</small>												
DATE OF BIRTH												
ID NUMBER												
HOME ADDRESS (POSTAL)												
TEL: CODE												
CELL NUMBER												

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

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)												
HOME ADDRESS (STREET)												
SCHOOL												
BANK DETAILS FOR PAYMENT OF THE RECRUITERS FEE												
BANK												
BRANCH NAME												
ACCOUNT NUMBER												
TYPE OF ACCOUNT												

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)
R99.90 (ninety nine rand & ninety cents) 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