

NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA



APPLICATION FOR MEMBERSHIP IN KWAZULU-NATAL (NAPTOSA KZN) 2019

RP1

Block A, Canford Park, 53 Anthony Rd, Umgeni Park, 4051
 P O Box 35613 Ph 031 563 1966
 Northway 4065 Fax 315 631 611
 e-mail: kzn@naptosa.org.za website: www.naptosa.org.za

Complete the following Sections: ****Incomplete Forms NOT Accepted****

State Employed Applicant

A	B	C	D	F
A	B	C	D	G

 Recruiter: The person introducing you E

Send form to: The Chief Executive Officer, NAPTOSA KZN, P O Box 35613, Northway, 4065 Fax: 031 563 1611
****DO NOT SEND THIS FORM DIRECT TO AN EDUCATION DEPARTMENT OR SCHOOL BURSAR****

Please accept this application for membership of NAPTOSA ****PLEASE PRINT IN BLOCK LETTERS****

Section A - My Details Are:

Title (Tick)

Prof	Dr	Mr	Mrs	Miss	Ms
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Surname _____

Initials _____

First Names (In Full) _____

PERSAL No. _____ Applicable if State-employed _____

ID No. (Bar Coded ID Only) _____ Date of Birth

Y	Y	Y	Y	M	M	D	D
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Home Address (Postal) _____

Tel _____ Code _____ No. _____

Cell Number _____

e-mail address _____

At ALL times it is the responsibility of the member to ensure that his/her membership fees are up-to-date.

Section B - I am Employed at:

School/ College/ Office _____

Postal Address _____

Paypoint No. _____ Code _____

Tel _____ Code _____ No. _____

Fax _____ Code _____ No. _____

e-mail _____

Type of Employment (Tick)

Permanent	Temporary
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 Termination date of Temp

Y	Y	Y	Y	M	M	D	D
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(Compulsory if Temp)

Section C - In the Capacity of:

Teaching Staff Principal <input type="checkbox"/> Educator (CS) <input type="checkbox"/> Therapist <input type="checkbox"/> Psychologist <input type="checkbox"/>	Public Servant Administrative <input type="checkbox"/> Domestic <input type="checkbox"/> General Assistant <input type="checkbox"/> Nurse <input type="checkbox"/> Other <input type="checkbox"/> Specify _____
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Office Use:
 Date Rec'vd:.....
 Mem.No.:.....
 Date Processed...../...../.....
 RP2 Ref...AP/...../.....
 Pymt Ref.....

Employed By
 Education Dept. SGB/ Council Independent School

Section D - My Membership Fees will be paid to NAPTOSA by:

Education Dept. School/Council Self **(Debit Order-Complete Section G)**
 Self Cheq Enclosed for Fees due till 31.12.2019*

*Cheq made Payable to "NAPTOSA KZN".
 Unpaid Cheque Bank Charges for Your Account. Post Dated Cheques NOT Accepted.

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Type of Account (*delete that which is not applicable*)

Current (Cheque) / Savings / Transmission

Amount

Date

To (name of beneficiary)

Abbreviated Name as Registered with the Bank

NAPTOSA

Beneficiary's Address

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement").

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered monthly.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

D. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

(Signature as used for operating on the account)

(Assisted by)

E. Agreement Reference Number (Membership Number)

This Agreement reference number is: _____