



NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

APPLICATION FOR MEMBERSHIP NAPTOSA (Northern Cape) – 2019

PLEASE RETURN TO: The CEO, NAPTOSA Northern Cape
 1 Powell Lane, Labram, KIMBERLEY,
 8301 Fax Number: 053 832 9312/ 0865656105

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												
EMAIL												

SCHOOL/COLLEGE/ OFFICE												
ADDRESS (of institution) (POSTAL)												
CODE												
PAYPOINT No												
TEL:	CODE											NO
FAX:	CODE											NO
E-mail												
PERMANENT <input type="checkbox"/> Tick box or TEMPORARY <input type="checkbox"/> 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 <input type="checkbox"/> SGB/COUNCIL <input type="checkbox"/> INDEP SCH <input type="checkbox"/>												
My membership fees will be paid to NAPTOSA by:												
EDUCATION DEPT <input type="checkbox"/> SCHOOL/COLLEGE <input type="checkbox"/> SELF <input type="checkbox"/>												

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 NO:												
BANK												
ACCOUNT NO:												
BRANCH CODE: Type of Acc: _____												

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)	
R 99,90 (Ninety Nine Rand Ninety Cents Only) 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 OR SCHOOL BURSAR**