



NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

APPLICATION FOR MEMBERSHIP NAPTOSA (Northern Cape) – 2018

PLEASE RETURN TO: The CEO, NAPTOSA Northern Cape
PO Box 950, KIMBERLEY, 8300

Fax Number: 053 832 9312

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												
ID NUMBER												
HOME ADDRESS (POSTAL)												
TEL: CODE												
CELL NUMBER												
EMAIL												

SCHOOL/COLLEGE/ OFFICE												
ADDRESS (of 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"/>												
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)												
SCHOOL												
Contact No:												
Bank:												
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 97.00 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**