NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

APPLICATION FOR MEMBERSHIP OF NAPTOSA *(NORTH WEST)* – 2019

PLEASE RETURN TO: 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													
POSTAL ADDRESS													
										CODE			
CELL / CONTACT													
E-MAIL:													

SCHOOL/COLLEGE/ OFFICE													
PHYSICAL ADDRESS													
										CODE			
PAYPOINT No													
TEL:								**FAX:**					
OFFICE E-MAIL:													

PERMANENT	***Tick box***		**or**	**TEMPORARY**	***Tick box***		
SERVICE (Please tick applicable boxes):							
EDUCATOR / LECTURER				**ADMINISTRATIVE**			
H.O.D				**THERAPIST**			
DEP. PRINCIPAL				**PSYCHOLOGIST**			
PRINCIPAL				**GENERAL ASSISTANT**			
EDU. SPECIALIST				**(OTHER)……..**			
EMPLOYED BY:	**NW-DBE**		**DHET**		**SGB/ COUNCIL**		**INDEP SCHOOL**
My membership fees will be paid to NAPTOSA by:							
EDUCATION DEPT/DHET			**SCHOOL/COLLEGE**			**SELF**	

APPLICANT'S SIGNATURE		**DATE**	

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																							
ADDRESS																							
																	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)

R99.90 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

SGB/Private School Membership Fees are payable into the following account:
NAPTOSA NORTH WEST
ABSA CHEQUE ACCOUNT NO: **406 750 9425**
BRANCH**: RUSTENBURG BRANCH**