



NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

NEW PERSAL MEMBERSHIP **APPLICATION FORM**

PLEASE RETURN TO : NAPTOSA (add province name based on selection)

Email address : Based on selected province Telephone number : Based on selected province Fax number : Based on selected province

Please complete the fields provided. NAPTOSA is POPI compliant and by submitting this membership update form you consent to NAPTOSA collecting and updating your personal information. Click [here](#) for our Privacy Notice or go to www.naptosa.org.za

Surname																								
First names (in Full)										Title		Initials												
ID / Passport Number										Date of birth		Y	Y	Y	Y	M	M	D	D					
Cell phone no																								
Personal Email address																								
Home address																								
										Code														
School/College/Office										Persal No														
Branch / District										SACE no														
Physical Work address																								
Please tick applicable box																								
CS Educator (School)					CS Educator (Office)					Public Service Employee					CET/TVET					Non-Educator support staff				
Please specify your job title e.g. Teacher, Psychologist, Therapist, Nurse, General Assistant etc.																								
Were you recruited by a Naptosa member?			Recruiter Membership no (if available)			NAP			OR Date of Birth (if available)			Y	Y	Y	Y	M	M	D	D					
Recruiter Name & Surname																								

NAPTOSA will always keep you updated with relevant, reliable information. Should you not require such information please unsubscribe.

NAPTOSA FUNERAL SCHEME BENEFICIARY NOMINATION

Please note that this form includes your Funeral Beneficiary nomination and by signing the form you declare that you understand that this beneficiary nomination cancels all previous nominations, if any, that you have made with respect to the NAPTOSA Funeral Scheme payable by Momentum.

I hereby nominate the following person as the beneficiary of my NAPTOSA Funeral benefit in the event of my death: **(NOTE: The Funeral Benefit will be paid into your estate if we do not have a valid Beneficiary Nomination form)**

Main Beneficiary Details:																																							
First name										Title																													
Surname																																							
ID/ Passport number										Date of birth		Y	Y	Y	Y	M	M	D	D																				
Relationship																																							
Spouse / Life Partner					Child					Step-child					Parent					Brother/ Sister					Friend					Aunt/ Uncle					Niece/ Nephew				
Contact telephone no																																							
Personal Email address																																							

In the event that the main beneficiary nominated above has passed away before the effective date of my death, they will be excluded from receiving the portion he/she was nominated to receive, and the following nominated beneficiary will receive any benefits payable:

Secondary Beneficiary Details:																																							
First name										Title																													
Surname																																							
ID/ Passport number										Date of birth		Y	Y	Y	Y	M	M	D	D																				
Relationship																																							
Spouse / Life Partner					Child					Step-child					Parent					Brother/ Sister					Friend					Aunt/ Uncle					Niece/ Nephew				
Contact telephone no																																							
Personal Email address																																							

If your circumstances change, for example you get married or divorced or have a child or a nominated beneficiary dies, and you want to change your beneficiary, you must complete a new nomination form.

I confirm that my membership fees will be paid to NAPTOSA by the Department of Education as indicated below:

To: HEAD : 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) **R111-40 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.

By signing this form, or inserting my digital signature, I confirm that the information provided is true and correct.

Applicant's signature																	
										Date							
										Y	Y	Y	Y	M	M	D	D

Print and sign the form OR click "here" to see how to create and insert your digital signature. Unsigned and / or incomplete forms will not be accepted.

For office use			N	A	P											Date Uploaded to Q LINK				
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