



# NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

## APPLICATION FOR MEMBERSHIP NAPTOSA (Free State) – 2016

PLEASE RETURN TO: The CEO, NAPTOSA Free State  
 33 Van Heerden Street Willows BLOEMFONTEIN  
 9301 Fax Number: 051 522 0732/ 0865656175

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"/>         |      |  |  |  |  |                   |  |  |  |  |    |  |

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|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DETAILS OF THE RECRUITER</b> (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 |  |
|-----------------------|--|------|--|

- NB • DO NOT SEPARATE THE TWO HALVES OF THE PAGE.
- IF EMPLOYED BY AN EDUCATION DEPARTMENT, PLEASE SIGN THE STOP ORDER BELOW.

|   |  |
|---|--|
| <b>STOP ORDER (STATE EMPLOYEES ONLY)</b>  |  |
| To:   | Head: Education<br>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 84, 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. |  |
| _____<br>SIGNATURE  | _____<br>DATE                              |

**DO NOT SEND THIS FORM DIRECTLY  
TO AN EDUCATION DEPARTMENT OR SCHOOL BURSAR**