



NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

APPLICATION FOR MEMBERSHIP NAPTOSA Gauteng – 2018

PLEASE RETURN TO: The Chief Executive Officer, NAPTOSA
 Gauteng P O Box 1309 HOUGHTON 2041
 Fax 011 486-2899 (e-mail infogauteng@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												
ID NUMBER												
HOME ADDRESS (POSTAL)												
CODE												
TEL:	CODE						NO					
CELL NUMBER												
Personal E-mail address												
Are you Resigning from another union? Y / N												
Do you have a Group Scheme Policy with Old Mutual Y/N Metropolitan Y/N												
T-Shirt Size (S; M; L; XL; XXL; XXXL; XXXXL)												

SCHOOL/COLLEGE/ OFFICE												
POSTAL ADDRESS (of institution)												
CODE												
PAYPOINT No												
TEL:	CODE						NO					
FAX:	CODE						NO					
E-mail												
PERMANENT	Tick box		or	TEMPORARY	Tick box							
(Please tick applicable boxes):												
TEACHER:						PUBLIC SERVANT:						
EDUCATOR (CS)						ADMINISTRATIVE						
THERAPIST						DOMESTIC						
PSYCHOLOGIST						GENERAL ASSISTANT						
FET COLLEGE LECTURER						NURSE						
EMPLOYED BY:	ED DEPT		SGB/COUNCIL		INDEP SCH							
My membership fees will be paid to NAPTOSA by:												
EDUCATION DEPT <input type="checkbox"/> SCHOOL/COLLEGE <input type="checkbox"/> SELF <input type="checkbox"/>												
NB Write your name in the Reference blocks on deposit slip; fax proof of payment.												

DETAILS OF THE RECRUITER (Complete this section if applicable. Recruitment Incentive payable to members <u>only</u> if full details are supplied.)												
SURNAME												
FIRST NAMES												
PERSAL/MEMBERSHIP NUMBER												
ID NUMBER												
TAX NUMBER												
MARITAL STATUS Married <input type="checkbox"/> Not Married <input type="checkbox"/>												
HOME ADDRESS (POSTAL)												
CODE												
SCHOOL												
RECRUITER'S BANK DETAILS for payment of recruitment fee (Please write clearly)												
BANK												
BRANCH NAME BR CODE												
ACCOUNT NUMBER												

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)	
R97 (ninety seven rands) 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