



NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

APPLICATION FOR MEMBERSHIP OF NAPTOSA (NORTH WEST) – 2018

PLEASE RETURN TO: The Chief Executive Officer, 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												
ID NUMBER												
POSTAL ADDRESS											CODE	
CELL:												
E-MAIL:												

SCHOOL/COLLEGE/ OFFICE												
PHYSICAL ADDRESS											CODE	
PAYPOINT No												
TEL:												
FAX:												
OFFICE E-MAIL:												
PERMANENT	Tick box		or	TEMPORARY	Tick box							
TERMINATION DATE OF TEMP APPT (IF APPLICABLE)												
<i>(Please tick applicable boxes):</i>												
TEACHER:						PUBLIC SERVANT:						
EDUCATOR (CS)						ADMINISTRATIVE						
THERAPIST						DOMESTIC						
PSYCHOLOGIST						GENERAL ASSISTANT						
OTHER						NURSE						
EMPLOYED BY:	ED DEPT		SGB/COUNCIL		INDEP SCH							
<i>My membership fees will be paid to NAPTOSA by:</i>												
EDUCATION DEPT		SCHOOL/COLLEGE		SELF								

APPLICANT'S SIGNATURE		DATE	
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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												
POSTAL ADDRESS											CODE	
SCHOOL												
CONTACT NUMBER												
BANK												
BANK ACC NO												
BRANCH CODE												
										Type Of Acc:		
										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)	
R97 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