



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

APPLICATION FOR ASSOCIATE MEMBERSHIP NAPTOSA Gauteng – 2021

**PLEASE RETURN TO: Adri Ueckermann
Fax 011 486-2899
e-mail : adris@naptosa.org.za**

Please accept this application for ASSOCIATE membership of NAPTOSA.

TITLE	Prof		Dr		Mr		Mr	s		Miss		Ms	
SURNAME													
INITIALS													
FIRST NAMES (in full)													
DATE OF BIRTH													
ID NUMBER													
HOME ADDRESS (POSTAL)													
											CODE		
TEL:	CODE					NO							
CELL NUMBER													
Personal E-mail address													
PERSAL NUMBER													
Do you have a Group Scheme Policy with Old Mutual										Y/N	Metropolitan	Y/N	

POSTAL ADDRESS													
											CODE		

My membership fee of R 150.00 for the year will be paid to NAPTOSA by myself. My membership fee includes an annual diary and funeral contributions up until the age of 70 years

NB Write your name in the Reference blocks on deposit slip; fax or mail proof of payment to adris@naptosa.org.za

**Naptosa Gauteng
First National Bank
Cheque Account
Account Number: 62122569463**

Signed: _____

Date: _____