

NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)
APPLICATION FOR PERSAL MEMBERSHIP NAPTOSA 2021



PLEASE RETURN TO : NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA

Fax number : 011 486 2899 Province : Gauteng Email address : infogauteng@naptosa.org.za

Title	Prof	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	
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							
Cellphone													
School/College/Office Address of Institution (Postal)													
T SHIRT SIZE													
Paypoint no													
Tel (Code)					No								
Fax (Code)					No								
Permanent	<input type="checkbox"/>	Temporary				<input type="checkbox"/>							
Email address													

Please accept this application for membership of NAPTOSA.

DETAILS OF THE RECRUITER (Complete this section if applicable. Recruitment Incentive payable to members only if FULL details supplied.)

Surname													
First Name													
ID Number													
Tax Number													
Bank Name													
Account number									Type account:				
Branch Code							Cell Number						
Email :													
Home Street address													
Home Postal address (Postal)									Code				
School													

To: **HEAD : Department of Education**

Termination date of Temp Appointment (If Applicable)												
Please tick applicable boxes	Teacher						Public Servant					
Post Level	<input type="checkbox"/>	Educator (CS)				<input type="checkbox"/>	Administrative				TVET	<input type="checkbox"/>
Phase	<input type="checkbox"/>	Therapist				<input type="checkbox"/>	Domestic				Nurse	<input type="checkbox"/>
	<input type="checkbox"/>	Psychologist				<input type="checkbox"/>	General Assistant				Other	<input type="checkbox"/>

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) **R106.10** 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.

Subject Detail _____

My membership fees will be paid to NAPTOSA by:

Department of Education

Applicant's signature			Date	
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