

PSA membership application (**CONCESSION MEMBERSHIP**)

Public Servants Association of South Africa (NPC)
Reg No 1942/015415/08



***COMPULSORY FIELDS**

PERSONAL INFORMATION

DEPARTMENT / EMPLOYER*

TITLE (DR, MR, MRS, MS)* PERSAL / SALARY NUMBER*

SURNAME* INITIALS

FIRST NAMES*

IDENTITY NUMBER* DATE OF BIRTH

CELL PHONE* TELEPHONE FAX

EMAIL ADDRESS

METHOD OF PAYMENT* STOP ORDER (SALARY DEDUCTION)

MEMBER CATEGORY (Indicate choice with X)

STUDENT* **Please note: PSA student membership is applicable for relevant student appointment (in-service training) period only where after full PSA membership will be implemented*

INTERN

STUDENT/INTERN* START DATE* END DATE* PROOF OF STUDENT APPOINTMENT STATUS ATTACHED

SUPPORTED RANKS** ***Please note: Only specified ranks qualify for a reduced membership fee*

CONSENT

I hereby **explicitly consent** to the processing of my personal information by the PSA for the **specific purposes** indicated below (Please tick (✓) purposes for which you consent OR (X) for which you do not give consent):

1. Marketing and promotions (PSA and all Business Partners)
2. Discount and special offers (PSA and all its Business Partners)
3. Research activities (PSA and all its Business Partners)

I confirm and understand that: (1) I have been informed of the purpose of processing; (2) The processing is voluntary, and I may withdraw consent at any time by contacting the Information Officer of the PSA; (3) I understand the consequences of not providing consent where required and withdrawal of consent may limit my ability to use certain services; (4) My consent is specific and applies only to the ticked purposes; and (5) My personal information will be processed in accordance with the POPI Act, 4 of 2013, and the PSA Privacy Policy (available at www.psa.co.za). By taking up membership, I agree to the said Policy.

**Failure to tick any consent checkbox, or failure to return this form, shall under no circumstances be interpreted as consent. It shall be deemed an explicit refusal (X) to the processing of personal information for the purposes listed.*

SALARY STOP-ORDER COMMENCEMENT DATE: _____

I, the undersigned, hereby apply for membership of the PSA (Public Servants Association of South Africa) and authorise and request the Accounting Officer of my employer to deduct the applicable PSA Membership Fee (as approved by the PSA Board of Directors) from my salary as membership fee, starting from the STOP-ORDER COMMENCEMENT DATE, and thereafter to continue such monthly deductions until my further written notice.

I UNDERSTAND THAT IN TERMS OF SECTION 13(3) OF THE LABOUR RELATIONS ACT, 1995, THIS STOP-ORDER MAY ONLY BE REVOKED BY THE GIVING OF THREE MONTHS' (ONE MONTH IN THE CASE OF NON-PUBLIC SERVANTS) WRITTEN NOTICE TO MY EMPLOYER AND THE PSA.

I understand that membership fees are due to and collectable by the PSA while I am a member of the PSA.

SIGNATURE*

DATE*

RECRUITER (NOT PSA STAFF MEMBER)	PSA MEMBERSHIP NO*	<input type="text"/>	TAX NO*	<input type="text"/>
	IDENTITY NO*	<input type="text"/>	CELL PHONE	<input type="text"/>
	INITIALS & SURNAME	<input type="text"/>		
	POSTAL ADDRESS*	<input type="text"/>	POSTAL CODE	<input type="text"/>
	EMAIL ADDRESS	<input type="text"/>		
	BANK NAME*	<input type="text"/>	BRANCH CODE	<input type="text"/>
	ACCOUNT NO*	<input type="text"/>	ACCOUNT TYPE	<input type="text"/>
	ACCOUNT HOLDER	<input type="text"/>		

PLEASE NOTE THAT NO HONORARIUM CAN BE PAID WITHOUT A VALID TAX NUMBER. THE HONORARIUM WILL BE PAID DIRECTLY INTO YOUR BANK ACCOUNT.

FOR OFFICE USE ONLY

NOTE: THE PSA WILL ASSIST MEMBERS (REPRESENTATION, FINANCIALLY, OTHERWISE) ON CONDITION THAT THE CAUSE OF ACTION FOR WHICH ASSISTANCE IS SOUGHT AROSE AFTER THE PSA'S ACCEPTANCE OF APPLICATION FOR MEMBERSHIP.

WEEK NO*

OFFICE DATE STAMP

WEEKLY REPORT ID