

PSA membership application (**PENSIONER**)

Public Servants Association of South Africa (NPC)

Reg No 1942/015415/08



*COMPULSORY FIELDS

PERSONAL INFORMATION

DEPARTMENT / EMPLOYER*	PENSIONER MEMBER		
TITLE (DR, MR, MRS, MS)*		PENSION FUND NUMBER*	
SURNAME*		INITIALS	
FIRST NAMES*			
IDENTITY NUMBER*		DATE OF BIRTH	DD MM YYYY
CELL PHONE*		TELEPHONE	FAX
EMAIL ADDRESS			

METHOD OF PAYMENT* DEBIT ORDER (BANK DEDUCTION) ☐ ANNUALLY ☐ OR MONTHLY ☐ (Indicate selected choice with X)
OR EFT/CASH ☐ ANNUALLY ☐ OR MONTHLY ☐ (Indicate selected choice with X)

MEMBER'S BANKING DETAILS (only if debit-order payment option is chosen)

BANK NAME		BRANCH CODE	
ACCOUNT NO		ACCOUNT TYPE	
ACCOUNT HOLDER			

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) | <input type="checkbox"/> |
| 2. | Discount and special offers (PSA and all its Business Partners) | <input type="checkbox"/> |
| 3. | Research activities (PSA and all its Business Partners) | <input type="checkbox"/> |

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.**

PSA BANKING DETAILS: ABSA, ACCOUNT NUMBER 1014002291, CURRENT ACCOUNT, BRANCH CODE 632005

BANK DEBIT-ORDER COMMENCEMENT DATE:

I, the undersigned, hereby apply for membership of the PSA (Public Servants Association of South Africa) requesting and authorising you at the same time to deduct from my account at the above bank the applicable PSA Membership Fee (as approved by the PSA Board of Directors), which covers my membership fee to the PSA, starting from the DEBIT-ORDER COMMENCEMENT DATE and **continue deducting said amount monthly on theth day of each month thereafter until further my written notice.**

MEMBERSHIP FEES

	Income per month	Membership fee	(Indicate with "X" the applicable membership fee based on your income)
a	Up to R1 721	R43.69 pa	<input type="checkbox"/>
b	R1 722 - R2 438	R85.12 pa	<input type="checkbox"/>
c	R2 439 - R3 440	R110.99 pa	<input type="checkbox"/>
d	R3 441 - R4 159	R169.21 pa	<input type="checkbox"/>
GROUP 2			
a	R4 160 - R8 176	R22.10 pm OR R265.20 pa	<input type="checkbox"/>
b	R8 177 - R16 361	R44.41 pm OR R532.92 pa	<input type="checkbox"/>
c	R16 326 plus	R66.20 pm OR R794.40 pa	<input type="checkbox"/>

SIGNATURE*

DATE*

RECRUITER (NOT PSA STAFF MEMBER)	PSA MEMBERSHIP NO*		TAX NO*	
	IDENTITY NO*		CELL PHONE	
	INITIALS & SURNAME			
	POSTAL ADDRESS*		POSTAL CODE	
	EMAIL ADDRESS			
	BANK NAME*		BRANCH CODE	
	ACCOUNT NO*		ACCOUNT TYPE	
ACCOUNT HOLDER				

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

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.

FOR OFFICE USE ONLY

	WEEK NO*
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OFFICE DATE STAMP

WEEKLY REPORT ID