

PSA membership application (**STUDENT****)

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

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



*COMPULSORY FIELDS

PERSONAL INFORMATION

DEPARTMENT / EMPLOYER*			
TITLE (DR, MR, MRS, MS)*		PERSAL / SALARY NUMBER*	
SURNAME*		INITIALS	
FIRST NAMES*			
STUDENT*	<input type="checkbox"/>	START DATE* <input type="text" value="DD MM YYYY"/>	END DATE* <input type="text" value="DD MM YYYY"/>
IDENTITY NUMBER*		DATE OF BIRTH	<input type="text" value="DD MM YYYY"/>
CELL PHONE*		TELEPHONE	FAX
EMAIL ADDRESS			

METHOD OF PAYMENT* STOP ORDER (SALARY DEDUCTION) DEBIT ORDER (BANK DEDUCTION)
(Indicate choice with X) (Noting that the Agency Fee will also be payable in this instance)

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):

- Marketing and promotions (PSA and all Business Partners)
- Discount and special offers (PSA and all its Business Partners)
- 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.

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.**

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.

FOR OFFICE USE ONLY

OFFICE DATE STAMP

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*

WEEKLY REPORT ID