

PSA membership application (**PENSIONER**)

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



*COMPULSORY FIELDS

PERSONAL INFORMATION

DEPARTMENT / EMPLOYER*

TITLE (DR, MR, MRS, MS)* PENSION FUND NUMBER*

SURNAME* INITIALS

FIRST NAMES*

IDENTITY NUMBER* DATE OF BIRTH

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)
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.**

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)
GROUP 1			
a	Up to R1 721	R47.26 pa	<input type="checkbox"/>
b	R1 722 - R2 438	R92.08 pa	<input type="checkbox"/>
c	R2 439 - R3 440	R120.07 pa	<input type="checkbox"/>
d	R3 441 - R4 159	R183.05 pa	<input type="checkbox"/>
GROUP 2			
a	R4 160 - R8 176	R23.91 pm OR R286.92 pa	<input type="checkbox"/>
b	R8 177 - R16 361	R48.04 pm OR R576.48 pa	<input type="checkbox"/>
c	R16 326 plus	R71.62 pm OR R859.44 pa	<input type="checkbox"/>

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"/>		
	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

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