

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**

In terms of the POPI Act, 4 of 2013, the PSA will only use the information provided on this application form for the intended purpose related to membership management

The PSA Privacy Policy is available on the PSA website (www.psa.co.za).

By taking up membership, I agree to the said Policy.



* COMPULSORY FIELDS

PERSONAL INFORMATION

PLEASE INDICATE YOUR CHOICE WITH A

DEPARTMENT / EMPLOYER *			
TITLE (DR, MR, MRS, MS)*	PERSAL / SALARY NUMBER		
SURNAME *			INITIALS
FIRST NAMES *			
STUDENT *	<input type="checkbox"/>	START DATE* <input type="text" value="DDMMYYYY"/>	END DATE* <input type="text" value="DDMMYYYY"/>
		PROOF OF STUDENT APPOINTMENT STATUS ATTACHED* <input type="checkbox"/>	
IDENTITY NUMBER*			DATE OF BIRTH <input type="text" value="DD MM YYYY"/>
CELL PHONE *	TELEPHONE	FAX NO	
EMAIL ADDRESS			
METHOD OF PAYMENT *	STOP ORDER (SALARY DEDUCTION)	<input type="checkbox"/>	

MEMBER'S BANKING DETAILS

BANK NAME	BRANCH CODE
ACCOUNT NO	ACCOUNT TYPE
ACCOUNT HOLDER	

CONSENT I consent to the PSA marketing products, services and special offers to me. The PSA may share my personal information, within the PSA and the businesses that provide special advantages to PSA members, for marketing purposes. The PSA may also contact me for research purposes. YES NO

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*		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		OFFICE DATE STAMP
	WEEK NO *	
		WEEKLY REPORT ID