

PSA membership application forms: What is **NEW**?

The PSA's membership application forms were reviewed and amended to keep pace with legislative and business changes. The effected changes will further improve clarity and assist members and prospective members to understand how their personal information will be used by the PSA.

Additions were made to the PSA membership application and pensioner membership application forms to refer to the PSA Privacy Policy, which is available on the PSA website (www.psa.co.za). A clause was added to the application forms to inform prospective members that when PSA membership is taken up, they agree to the PSA's Privacy Policy.

Furthermore, the membership application form was enhanced with an explanation at the debit-order tick box, that should a member select the option of a debit-order payment method (rather than a stop-order payment), an agency-shop fee would also be payable by the member, if employed in the Public Service.

The PSA Board of Directors has approved student membership for student Nurses, Police, and Department of Correctional Services students as well as National Prosecuting Authority students. Such students will pay a discounted PSA membership fee, of 50% of the normal fee. The student membership fee will only be applicable during the student appointment period, where after the full membership fee be automatically implemented.

The PSA Membership Management System was enhanced to accept such student membership applications.

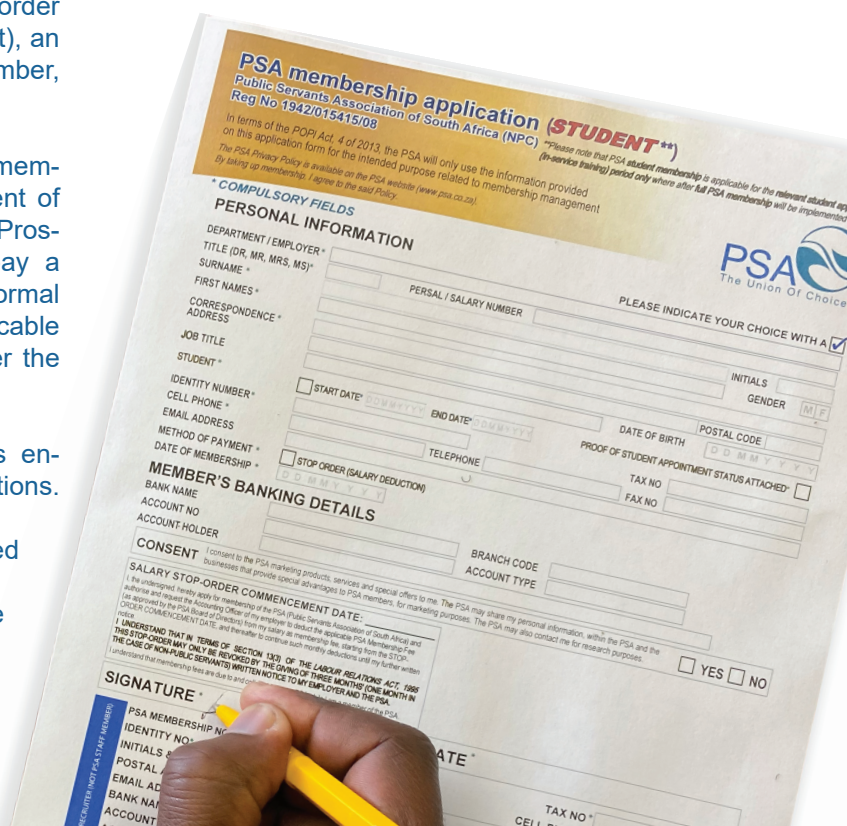
A special application form was specifically developed for prospective PSA student members. The student member application form is identified by the word "**STUDENT**" indicated in red at the top of the application form.

Other specific fields to be completed in full to ensure a successful application, are:

- Student membership start and end date.
- A tick box to check that proof of the student appointment (letter) is attached to the membership application form
- Student members can only use the stop-order payment method. The membership fee will be deducted from the student's salary.

The PSA thus now have three membership application forms, targeting student members, ordinary members, and pensioner members.

The latest membership application forms are available from the PSA's website at www.psa.co.za.



PSA membership application (STUDENT)**
Public Servants Association of South Africa (NPC)
Reg No 1942/015415/08

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

DEPARTMENT / EMPLOYER *
TITLE (DR, MR, MRS, MS) *
SURNAME *
FIRST NAMES *
CORRESPONDENCE *
ADDRESS *
JOB TITLE *
STUDENT *
IDENTITY NUMBER *
CELL PHONE *
EMAIL ADDRESS *
METHOD OF PAYMENT *
DATE OF MEMBERSHIP *
STOP ORDER (SALARY DEDUCTION) *
BANK NAME *
ACCOUNT NO *
ACCOUNT HOLDER *
BRANCH CODE *
ACCOUNT TYPE *

PLEASE INDICATE YOUR CHOICE WITH A ☒ YES ☐ NO

INITIALS *
GENDER (M/F) *
DATE OF BIRTH *
POSTAL CODE *
PROOF OF STUDENT APPOINTMENT STATUS ATTACHED *
TAX NO *
FAX NO *

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.

SALARY STOP-ORDER COMMENCEMENT DATE:

I, the undersigned, hereby apply for membership of the PSA (Public Servants Association of South Africa) and authorize 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.

UNDERSTAND THAT IN TERMS OF SECTION 13(1) OF THE LABOUR RELATIONS ACT, 1994 THIS STOP-ORDER MAY ONLY BE REVOKED BY THE ISSUING OF THREE MONTHS' WRITTEN NOTICE TO MY EMPLOYER AND THE PSA.

I understand that membership fees are due to the PSA.

SIGNATURE *

PSA MEMBERSHIP NO. *
IDENTITY NO. *
INITIALS *
POSTAL CODE *
EMAIL ADDRESS *
BANK NAME *
ACCOUNT NO *