

PSA membership application

Public Servants Association of South Africa (NPC) (**PENSIONER**)
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

PLEASE INDICATE YOUR CHOICE WITH A

DEPARTMENT / EMPLOYER*

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

SURNAME * INITIALS

FIRST NAMES *

IDENTITY NUMBER* DATE OF BIRTH

CELL PHONE * TELEPHONE FAX NO

EMAIL ADDRESS

METHOD OF PAYMENT * DEBIT ORDER (BANK DEDUCTION) If selected, indicate ANNUALLY OR MONTHLY

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

BANK NAME BRANCH CODE

ACCOUNT NO ACCOUNT TYPE

ACCOUNT HOLDER

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 the ...th day of each month thereafter until further my written notice.

METHOD OF PAYMENT * EFT / CASH If selected, indicate ANNUALLY OR MONTHLY

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

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

SIGNATURE * **DATE ***

MEMBERSHIP FEES

Please indicate with "X" which membership fee is applicable based on your income.

Group 1

	Income per month	Membership fee
a	Up to R1 721	R41.50 pa
b	R 1722 - R2 438	R82.80 pa
c	R2 439 - R3 440	R107.10 pa
d	R3 441 - R4 159	R164.60 pa

Group 2

	Income per month	Membership fee
a	R4 160 - R8 176	R21.50 p.m. OR R258.00 pa
b	R8 177 - R16 361	R43.20 p.m. OR R518.40 pa
c	R16 362 plus	R64.40 p.m. OR R772.80 pa

FOR OFFICE USE ONLY

OFFICE DATE STAMP

WEEKLY REPORT ID

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 *