

# 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](http://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 ...<sup>th</sup> 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	R43.69 pa
b	R1 722 - R 2 438	R85.12 pa
c	R2 439 - R3 440	R110.99 pa
d	R3 441 - R4 159	R169.21 pa

**Group 2**

	Income per month	Membership fee
a	R4 160 - R8 176	R22.10 p.m. OR R265.20 pa
b	R8 177 - R16 361	R44.41 p.m. OR R532.92 pa
c	R16 362 plus	R66.20 p.m. OR R794.40 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 \*