

1/2021 PSA SHOP STEWARD NEWSLETTER

PSA membership application forms: Important information

orrectly and fully completed PSA membership application forms are crucial in the recruitment process. Membership information completed on application forms provides insight and can be used to improve business decisions and member management.

The information on application forms has a direct impact on membership fee payments, obtaining mandates from members, communication with members, *etc.* It affects the entire business of the Union.

Membership information is an important factor to enable contact with members, and to assist in membership fee implementation. Please refer to the following **critical areas** on the PSA membership application form that will ensure that a member is successfully implemented on the PSA's Membership Management System (MMS) and that the Union can communicate with the member:

- 1. DEPARTMENT / EMPLOYER *
- 2. TITLE / SURNAME / FIRST NAMES*
- PERSAL / SALARY NUMBER* If a salary deduction is required it is critical that the number is correctly completed on the application form. The correct Persal/salary number can be confirmed from the member's payslip.
- 4. CORRESPONDENCE ADDRESS*
- 5. IDENTITY NUMBER*
- 6. CELL-PHONE NUMBER*

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

EMAIL ADDRESS* - The member's email address is important as it will allow the PSA to communicate with the member on a regular basis.

8. METHOD OF PAYMENT* – A Stop Order is a salary deduction. A Debit Order is a <u>bank deduction</u>. Please note, if a member selects a debit order, he/she will also pay the agency fee. It is thus recommended to encourage the member to rather select a salary deduction (stop order). If a debit-order payment method is selected, the banking details section must be completed in full. Passport holders must complete debit-order authorisation as they cannot be implemented on Persal. The banking-details section must be completed in full.

9. DATE OF IMPLEMENTATION

10. SIGNATURE OF APPLICANT*

11. DATE OF MEMBERSHIP*

NB: It is also crucial that the recruiter completes his/her required personal information in the space provided at the bottom of the membership application form. All compulsory fields (marked with *) must be completed. These details are required to ensure that the recruiter receives the honorarium payment. Please also note that no payment can be made without a valid tax number. Payment will be made directly into the recruiter's bank account.

Thank you for your continued efforts towards the growth of the Union of Choice in 2021!



* COMPULSORY FIELDS

PERSONAL INFORMATION

DEPARTMENT / EMPLOYER* TITLE (DR, MR, MRS, MS)* SURNAME *

PERSAL / SALARY NUMBER *

PLEASE INDICATE YOUR CHOICE WITH A 🗹

INITIALS	
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