EASTERN CAPE 043 722 3776
KWA-ZULU NATAL 033 342 6847
NORTHERN CAPE 053 842 2001
FREE STATE 051 448 4659
LIMPOPO 015 295 3272
NORTH WEST 018 462 3692
GAUTENG 011 791 2243
MPUMALANGA 013 752 6199
WESTERN CAPE 021 591 9283

FORM 8.3 A / VERSION 02 / 2019

MEMBERSHIP APPLICATION

www.hospersa.co.za

I HEREBY APPLY TO BE ADMITTED AS A MEMBER OF THE HEALTH AND OTHER SERVICE PERSONNEL TRADE UNION OF SOUTH AFRICA (HOSPERSA) AND I SHALL ABIDE BY THE CONSTITUTION AS WELL AS ANY AMENDMENT THERETO.

PERSONAL DETAILS

TITLE: | MEMBERSHIP NUMBER | PERSAL / SALARY NUMBER

FIRST NAMES | INITIALS

SURNAME | GENDER (F / M)

POSTAL ADDRESS | CODE

PLACE OF EMPLOYMENT / WORKPLACE

JOB TITLE | DATE OF BIRTH: (Y Y Y Y M M D D)

ID NUMBER | TELEPHONE:

CELL PHONE | FAX:

E-MAIL ADDRESS

PERMANENT ☐ TEMPORARY ☐ CARE WORKER ☐ STUDENT NURSE ☐

☐ STOP-ORDER AUTHORISATION (SALARY DEDUCTION) ☐ DEBIT-ORDER AUTHORISATION (BANK DEDUCTION)

MEMBERS BANKING DETAILS

BANK | BRANCH CODE | ACCOUNT TYPE: Cheque Account | Transmission Account | Savings Account

ACCOUNT NUMBER

ACCOUNT HOLDER NAME

CONSENT: I CONSENT TO HOSPERSA MARKETING PRODUCTS, SERVICES AND SPECIAL OFFERS TO ME. HOSPERSA MAY SHARE MY PERSONAL INFORMATION WITHIN HOSPERSA AND WITH BUSINESSES THAT PROVIDE SPECIAL ADVANCES TO HOSPERSA MEMBERS, FOR MARKETING PURPOSES. HOSPERSA MAY ALSO CONTACT ME FOR RESEARCH PURPOSES. YES ☐ NO ☐

HOW SHOULD WE CONTACT YOU? SMS ☐ TEL ☐ Email ☐

STOP-ORDER AUTHORISATION

I, the undersigned, hereby authorise HOSPERSA / MY EMPLOYER to implement the following deduction on the Persal / Salary system and to deduct my monthly membership fees calculated as follows: 1.1% of gross salary; minimum of R62.00 and a maximum of R102.00 or a fixed monthly fee of R35.00 for Care Workers and Student Nurses only (or any such amount as may be determined by the National Executive Committee of the Trade Union) from my salary (above salary/Persal number), as from ..... - ..... - 20.....

I understand that three (3) months' (for Public Sector); or one (1) month's (for Private Sector) written notice of resignation to my employer and HOSPERSA is required prior to terminating my membership and this stop order. I understand that membership fees are due and collectable by HOSPERSA while I am a member of HOSPERSA.

PRIVATE PAYMENTS: A fee of R102.00 pm or R35.00 pm for Care Workers and Student Nurses only, is applicable with a minimum payment for 6 months. Proof of all payments/ bank deposits must be faxed to 031 765 8455, clearly reflecting the following information: Name, Surname, Membership Number, Identity Number, Contact Details and period for which payment is made.

Bank: ABSA
Account Name: HOSPERSA CASH COLLECTION
Account Number: 4091574717
Branch Code: 632005

DATE: **SIGNATURE:**

DEBIT-ORDER AUTHORISATION

I, the undersigned, hereby authorise HOSPERSA / MY EMPLOYER to deduct from my account at the above bank the sum of R..... per month/per annum with effect from ..... - ..... - 20..... which covers my membership fee to HOSPERSA and to continue deducting the said amount every month / annually until receiving further written notice.

I authorise the deduction of any banking costs arising from these instructions. I agree to any banking costs arising from these instructions. I agree to any adjustments of the membership fees without prior notice. I understand that membership fees are due to and collectable by HOSPERSA while I am a member of HOSPERSA.

DATE: **SIGNATURE:**

AUTHORISATION TO BANK

I / We hereby request and authorise you or your authorised agent to draw against my/our account with the above mentioned bank (or any bank/branch to which I/we may transfer my/our account) the amount necessary for the monthly premium due in respect of the above mentioned membership. All such withdrawals from my/our bank account shall be treated by you as though they have been signed by me/us personally.
I / We agree to pay the bank charges in connection with these instructions and the costs thereof in accordance with the South African clearing bank's tariff in force at the time.
I / We understand that:
- The withdrawals hereby authorised will be processed by computer;
- details of each withdrawal will be reflected on my/our bank statement or the accompanying voucher; and
- the obligation to ensure that you receive my/our monthly premiums remains with me/us, despite this debit order authorisation which is granted to you.

I /We undertake to satisfy myself/ourselves from time to time that the amount necessary for payment of the monthly premium due in respect of the above mentioned membership is duly drawn by you in terms of this debit order authorisation, and I/We hereby record that your acceptance of this debit order authorisation in no way places any onus on you to ensure that the monthly withdrawals of the amount reffered to herein are made.
This authorisation shall be in force and effect until it is cancelled by me/us by giving you 30 days' written notice by the registered post, but I/We understand that I/We shall not be entitled to any refund of any amount which you have withdrawn while this authority was in force, unless I/we can prove that any such amount were not legally owing to you. Receipt of this notice by you shall be regarded as receipt of the notice by my/our bank.

RECRUITER DETAILS

PLEASE COMPLETE A RECRUITER REGISTRATION FORM IF YOU ARE A FIRST-TIME RECRUITER OR IF YOUR BANKING DETAILS HAVE CHANGED

Recruiter's Full Name: | Recruiter Member No.:

ID Number: | Recruiter Contact Number