

Application for Affiliate Membership

EASTERN CAPE T: (041) 364 0102 E: ep@ms.org.za	FREE STATE/NORTHERN CAPE T: (051) 447 5339 E: fs@ms.org.za	KWAZULU-NATAL T: (031) 201 2710 E: kzn@ms.org.za	NORTHERN/HIGHVELD T: (011) 678 6328 E: northern@ms.org.za	WESTERN PROVINCE T: (021) 551 2822 E: wp@ms.org.za
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Please select your benefit option by ticking the applicable box.

GOLD MEMBERSHIP R 47.75 per week <input type="checkbox"/>	SILVER MEMBERSHIP R 41.25 per week <input type="checkbox"/>	BRONZE MEMBERSHIP R 23.75 per week <input type="checkbox"/>
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THE COMPLETION OF A, B & C BELOW IN EVERY RESPECT TOGETHER WITH A COPY OF YOUR I.D. WILL ENSURE A SPEEDY REGISTRATION.

A - PERSONAL DETAILS

Mr/Mrs/Ms (Surname) _____ Full names _____

Marital Status: Single/Married/Divorced/Widowed _____ Maiden Surname, if applicable _____

Date of Birth _____ Identity No. _____

Tel _____ Cell _____

Email address _____

Street Address _____

Your present occupation _____

Have you previously been registered as member of MISA? (Yes/No) Membership No. _____

B - EMPLOYER'S DETAILS

Name of company _____

Street Address _____

Tel. _____ Fax _____

Email _____

C1 - NOMINATION OF BENEFICIARY (for the payment of MISA Death Benefits)

I hereby nominate

Mr/Mrs/Ms (Surname) _____ Full names _____

Date of Birth _____ Marital Status (Single/Married/Divorced/Widowed) _____

Cell/Tel _____ Relationship (Spouse, Son, etc.) _____

Address _____

The person whom the benefits, in terms of the Rules of the MISA BENEFIT and FUNERAL FUND, shall be paid in the event of my death.

C2 - NOMINATION OF BENEFICIARY (for the payment of MISA Death Benefits)

Only complete this section should you wish to nominate an additional beneficiary.

I hereby nominate

Mr/Mrs/Ms (Surname) _____ Full names _____

Date of Birth _____ Marital Status (Single/Married/Divorced/Widowed) _____

Cell/Tel _____ Relationship (Spouse, Son, etc.) _____

Address _____

The person whom the benefits, in terms of the Rules of the MISA BENEFIT and FUNERAL FUND, shall be paid in the event of my death.

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PLEASE NOTE

Affiliate members of MISA need to pay subscriptions to MISA directly, in advance. Kindly note that the relevant waiting periods still apply.

BANKING DETAILS

MISA Active Member Contributions

Nedbank, Account: 1513015354, Branch code: 198765

Kindly use your ID number or passport number as reference

DECLARATION

I, the undersigned, solemnly declare that the above particulars are true and correct, and I agree to abide by the Organisation's Constitution and faithfully observe all rules and regulations which are in force, or may be brought into force, from time to time. Consent in terms of Act 4 of 2013 (Protection of Personal Information Act): I hereby authorise MISA to process my personal information (as per my membership application form) as well as to provide the necessary information of my MISA membership to my employer in so far as it is necessary to protect and/or execute my interests and/or those of MISA.

PLEASE NOTE: It is your responsibility to notify MISA if and when any of your information changes regarding your membership. This includes your personal, company and beneficiary details.

I, the undersigned, agree to personally pay over or authorise and instruct my employer to deduct, and pay over, on a monthly basis the union subscriptions payable by me to MISA.

Signature _____

Date _____

FOR OFFICE USE ONLY:

RECRUITMENT & REGISTRATION NOTES

DATE RECEIVED

FIRST CONTRIBUTION
DATE

MEMBERSHIP CARD
POSTED

DATE REGISTERED

MEMBERSHIP NUMBER