

(Registered under the Labour Relations Act 1995)

WESTERN PROVINCE T: (021) 551 2822 F: (021) 413 0031 E: wp@ms.org.za <input type="checkbox"/>	EASTERN CAPE T: (041) 364 0102 F: (041) 394 5008 E: ep@ms.org.za <input type="checkbox"/>	KWAZULU-NATAL T: (031) 201 2710 F: (031) 571 0032 E: kzn@ms.org.za <input type="checkbox"/>	NORTHERN/HIGHVELD T: (011) 678 6328 F: (011) 388 0964 E: northern@ms.org.za <input type="checkbox"/>	FREE STATE/NORTHERN CAPE T: (051) 447 5339 F: 086 687 0817 E: fs@ms.org.za <input type="checkbox"/>
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THE COMPLETION OF A,B & C BELOW IN EVERY RESPECT TOGETHER WITH A CERTIFIED COPY OF YOUR I.D. WILL ENSURE A SPEEDY REGISTRATION

I, the undersigned, hereby apply to be registered as an Affiliate Member of MISA.

A - PERSONAL DETAILS

Surname & Title (Mr/Mrs/Ms) _____ Full names _____
 Marital Status: Single/Married/Divorced/Widowed _____ Maiden Surname, if applicable _____
 Date of Birth _____ Identity No. _____
 Postal Address _____ Personal Email _____
 Tel. _____ Cell _____
 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 _____
 Postal Address _____
 Tel. _____ Fax _____
 Email _____

C - NOMINATION OF 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 MISA BENEFIT and FUNERAL FUND, shall be paid in the event of my death.

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, Acc: 1513015354, Branch code: 198765
 Kindly use your ID number or passport number as reference.

*SUBSCRIPTIONS (2021)

- Monthly: R125.67
- 3 x Monthly: R377.00
- 6 x Monthly: R754.00
- Annually: R1 508.00

*Please select payment interval.

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.

Signature _____ Date _____

FOR OFFICE
USE ONLY

DATE RECEIVED

FIRST CONTRIBUTION DATE

MEMBERSHIP CARD POSTED

DATE REGISTERED

MEMBERSHIP NUMBER