

## DENOSA Benefits

- Indemnity cover of up to R5million
- Salary negotiations on your behalf
- Assistance in statement writing
- Legal representation(at DENOSA'S discretion)
- Free advice regarding professional and work related issues
- Grievance and disciplinary representation
- Nursing Update magazine
- 10% discount on cash purchases of books sold at DENOSA
- Bursaries / Travel grant
- Access to training and seminars of DENOSA at special tariff
- Group funeral scheme cover
- DENOSA Loyalty programme
- Access to Head Office Library & e-Library

## Please make use of Stop Order / Bank Debit Order Facilities

- The only way DENOSA can prove its membership powerbase for purposes of national and provincial negotiations in the public and private sector, is by way of monthly stop orders.
- DENOSA has an approved stop order facility in all government services and in many private sector organizations. Please Complete the stop order authorization form.  
Contact DENOSA Provincial office if you experience any problems.
- You can also pay through Direct Bank Debit Order facility if you are not in the public Sector. All you need to do is to complete the Debit Order instruction form which is available at your nearest Provincial office.
- Please check your pay slip and/ or your bank statement to ensure that your stop order or debit order is operational.

## ADDRESSES AND TELEPHONE NUMBERS

HEAD OFFICE  
605 Stanza Bopape Street ,Pretoria  
Box 1280, Pretoria, 0001  
Tel: (012)343-2315  
Fax: (012)343-3622

WESTERN CAPE  
No 2, 1ST Avenue  
Boston Bellville  
Tel: (021) 949 -1180/1/2  
Fax: (021)949-1905

KZN  
1320 Durdoc Centre  
460 Smith Street  
Durban  
Tel: (031) 305-1417/8  
Fax: (031)304-5897

MPUMALANGA  
17 Samora Machel Street  
Old Mutual Building  
2nd Floor  
Tel : (013)752- 4942/3  
Fax : (013)752-2461

EASTERN CAPE  
5 Geard Street  
North End, Port Elizabeth  
Tel: (041)484-7323/4  
Fax: (041)484-2703

GAUTENG  
6 Berkswell Street  
Gresswold  
Johannesburg  
Tel: (011) 440-0122/5  
Fax: (011) 440-2523

NORTH WEST  
137 Provident Street  
A.N Lekgetha Building  
Mmabatho  
Tel (018) 392 -1303  
Fax: (018) 392-6188

LIMPOPO  
96 Biccard Street  
Polokwane  
Tel: (015) 297 5033  
Fax :( 015) 297-5018

FREE STATE  
25A Milner road  
Waverley  
Bloemfontein  
Tel: (051)430-4142  
Fax: (051)430-6343

NORTHERN CAPE  
19 Roper Streets  
Kimberley  
Tel: (053)831-6372  
Fax :( 053)831-6369



Democratic Nursing Organisation of South Africa

Membership Application Form



# DENOSA

## DENOSA MEMBERSHIP APPLICATION FORM

PO Box 1280, Pretoria ,0001 Tel: (012) 343-2315  
Official Organisation 0028

Democratic Nursing Organisation of South Africa 0045

Membership no

Title ..... Initials .....

Surname .....

First Names .....

Maiden name .....

Postal Address .....

Code

ID No

Date of birth

Gender M  F  SANC No

Race Black  White  Coloured  Indian\Asian

Salary /Persal no

Employer name and Adress .....

Date of joining DENOSA 20

Province ..... Region .....

Cell ..... Tel.no .....

E-mail .....

Registered Nurse /Midwife  Student / Pupil Nurse

Enrolled Nursing Auxiliary  Enrolled Nurse

Date ..... Signature .....

Recruited By :

NEC Member  Shop Steward  Staff  Other

# DENOSA

## STOP ORDER AUTHORISATION FORM

PO Box 1280, Pretoria ,0001

Tel : (012)343-2315

Official Organisation 0028 Code 0045

I .....

(Full names and Surname)

Identity Number:

The undersigned, hereby authorise you to deduct the monthly subscription of R36 for students per month and R86 for all nurses per month.

The first deduction is to be made as from

20

Salary/Persal no. :

DENOSA no.:

Should the relevant amount be adjusted by the Institution as a result of a general increase in fees, I confirm that the adjusted fees may be deducted from my salary , until such time as I cancel this authorization in writing or until I substitute it with a new authorization.

Signature .....

Date .....

By activating this stop order all similar code deductions are hereby revoked.

# DENOSA

## DEBIT ORDER AUTHORISATION FORM

My bank details are:

Bank name: .....

Branch name: .....

Branch code: .....

Account number: .....

Type of account:  Cheque  Savings  Transmission

I hereby authorise you to draw against my account with the above-mentioned bank (or any other bank to which I may transfer my account) the sum of R.....(the amount in words) ..... rands being the amount necessary for payment of the monthly subscription due to DENOSA(the beneficiary). Deduction is to take place on the (15th/25th/31st) day of each and every month, commencing on ..... Should the relevant amount be adjusted by the organization as a result of a general increase in fees, I confirm that the adjusted fees may be deducted from my bank account. This authorisation remains in place until such time as I cancel it in writing or until I substitute it with a new authorisation. I agree to pay bank charges relating to this debit order instruction. This authority may be cancelled by me giving 3 months' notice in writing, but I understand that I shall not be entitled to any refund or amounts that you may have withdrawn while this authority was in force. Receipt of this instruction by you shall be regarded as a receipt thereof by my bank.

Should the deduction day fall on a Sunday or public holiday, it will automatically be requested on the last day preceding the Sunday or public holiday.

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement.

I/WE ACKNOWLEDGE THAT THIS AUTHORITY MAY BE CEDED OR ASSIGNED TO A THIRD PARTY IF THE AGREEMENT IS ALSO CEDED OR ASSIGNED TO THAT THIRD PARTY, BUT IN THE ABSENCE OF SUCH ASSIGNMENT OF THE AGREEMENT, THIS AUTHORITY AND MANDATE CANNOT BE ASSIGNED TO ANY THIRD PARTY.

The abbreviated short name which will appear on accountholder's bank statement: DENOSA

Signature .....

Date .....

Business Trading Name: DENOSA

Name of bank: FNB

Bank Account No: 514 251 652 84

Type of Account: Cheque

Branch Code: 251 445

City/ town of Bank: Pretoria

Fax No: (012) 343-3622

Reference No: Membership No. or 1st nine digits of your ID No.