

# SOUTH AFRICAN MEDICAL ASSOCIATION TRADE UNION

Reg: LR2/6/2/513

The Corner Office, 410 Lynnwood Road, Pretoria. 0081 Telephone +27 12 943 5770  
email: info@samatu.org.za



## APPLICATION FOR MEMBERSHIP

PUBSEC  PRIVATE  OTHER

I, \_\_\_\_\_  
Title Full Names Surname

would like to join the South African Medical Association Trade Union (SAMATU). I confirm that I am registered with the Health Professions Council of South Africa as a medical practitioner. I agree to abide by the SAMATU Constitution, Code of Conduct, membership terms and conditions, policies and procedures as well as any other governance documents that may regulate from time to time. I undertake to pay the monthly membership subscription fees.

\_\_\_\_\_  
Signature Date HPCSA NO.

Postal Address		QUALIFICATIONS			Date	
		Qualification	University / College	Month	Year	
<b>Employer - Please Select</b>						
Postal Code		Public Sector	Full-time	Full-time with RWOPS		
Hospital Address where Employed		PERSAL number				
		Information including contact information contained in the SAMATU Database as provided by you enables SAMATU to communicate (via mail, telephone, SMS, Email and fax) relevant information to you. This may from time to time include advertising of products, seminars and events.				
Postal Code		SAMATU will only send information and material that is relevant. Should you elect to receive this information, kindly indicate below.				
I.D. No.		Your attention is drawn to the fact that SAMATU must, by law, disseminate certain information, such as notices of meetings and this information will be sent to you when so required.				
Date of Birth		Use of my database information: Agree <input type="checkbox"/> Do not agree <input type="checkbox"/>				
Passport No.		<b>METHOD OF PAYMENT</b>				
Male	Female					
*Race		<b>DEBIT ORDER</b>				
Tel (home)		Name (print)				
Tel (work)		Name of Bank				
Cell		Branch Name				
Fax		Branch Code				
E-mail		Account No.				
Type of work (clinical/admin/lab)		Account Type				
<b>MEMBERSHIP TERMS AND CONDITIONS APPLY</b>		Current <input type="checkbox"/> Savings <input type="checkbox"/>				
<b>MEMBERSHIP CATEGORY</b>		I hereby request SAMATU to draw against my account with the above-mentioned bank (or any other bank or branch to which I may transfer my account), the amount necessary for payment of the instalment due for my membership until further notice. Deduction Date: _____				
Member fees are payable on a pro-rata basis if joined after January		<input type="checkbox"/> Monthly Debit Order on the next available month end. <input type="checkbox"/> Annual Debit Order on the next available month end.				
During 2021 it will be:		Monthly d/o	Full Year			
<b>B</b> Intern	1st Year		R195.00	R2340.00		
<b>W</b> Community Service	2nd Year		R265.00	R3180.00		
<b>E</b> Fourth year after qualification			R335.00	R4020.00		
<b>D</b> Medically qualified spouse of full member			R261.00	R3132.00		
<b>R</b> Registrar			R335.00	R4020.00		
<b>F</b> Full time			R452.00	R5424.00		
Specialist and Registrars please provide discipline						
Category D provide name & SAMATU number of spouse						
		<b>Banking Details:</b>				
		Name: SAMATU		Name: Nedbank Hillcrest		
		Acc. No.: 1202060692		Branch Code: 198765		
		Email proof of payment to <a href="mailto:admin@samatu.org.za">admin@samatu.org.za</a>				

**AUTHORITY:** I/We hereby authorize you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement, and commences after the above-mentioned commencement date; The individual payment instructions so authorised to be issued must be issued and delivered as follows: On the above-mentioned Deduction Date of each and every month commencing on the above-mentioned commencement date. In the event that the payment day falls on a Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account; I/We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. Such must contain a number which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. This number is added to this form (SAMATU reference number) before the issuing of any payment instruction and communicated to me directly after having been completed by you. **MANDATE:** I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned bank as if the instructions had been issued by me/us personally. **CANCELLATION:** I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. **ASSIGNMENT:** 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 name that will reflect on the bank statement is: SAMATU **BENEFICIARY:** SAMATU **BENEFICIARY ADDRESS:** The Corner Office, 410 Lynnwood Road, Menlo Park, 0081