



Aviation Professionals' Association South Africa

I, the undersigned, hereby apply to join the Aviation Professionals' Association of South Africa.
(Please complete in block letters)

Surname: _____

First names: _____

Nickname (if any): _____

Residential address: _____

_____ Postal code: _____

Postal address: _____

_____ Postal code: _____

Home Telephone no: _____

Cell phone no: _____

e-mail address: _____

Home Language: _____

Identity Number: _____

Country of Birth: _____ Citizenship: _____

(If you are not a citizen of RSA please attach a photocopy of your permanent residence permit or photocopy of appropriate page of current passport.)

SACAA Licence number: _____

Licence type (please circle): (Fixed Wing Pilot) (Helicopter Pilot) (Cabin Crew) (ATC) (Engineer)
(Dispatcher)

Date issued: _____

Rank: _____

(Please attach a photocopy of your licence/s)

Employer: _____ Date joined: _____

Marital status: _____

Partner's name: _____

Emergency contact name and number: _____

Please circle/highlight if you have any interest in the following committees/groups:

(Helicopter Group) (Accident analysis/prevention) (Aircraft design/operation)

(Aerodrome/ ground environment) (National Executive Committee) (Air traffic services)

(Dangerous goods) (Human performance)



DEBIT ORDER INSTRUCTION

(N.B. Deductions cannot be made from a credit card)

To: Aviation Professionals' Association of South Africa

Surname: _____

First names: _____

Name of bank: _____

Branch: _____ Branch no: _____

Account number: _____

I authorise you to draw R125 per month against my account with the above bank (or any bank to which I may transfer my account) for the payment of my monthly subscription to the Aviation Professionals' Association of South Africa.

All such withdrawals from my bank account by you shall be treated as though they had been signed by me.

I understand that withdrawals hereby authorised will be processed by computer through a system known as Magnetic Tape Service and I also understand that the details of each withdrawal will be printed on my bank statement or accompanying voucher and will appear as ALPASUBS.

I agree to pay any bank charges relating to this debit order instruction. I may cancel this instruction by giving **thirty days** notice, in writing.

I understand that the amount deducted from my account may change from time to time (on promotion, general or annual pay increases).

I understand that I am responsible for informing AVPA-SA of any change to my banking details (account numbers / bank changes, etc.)

Signed at _____ on this _____ day

of _____ 20 _____

Signature: _____

PLEASE SEND YOUR COMPLETED FORM TO:
gm@avpa.co.za