

Air Line Pilots' Association South Africa

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

Surname:

First names:

Nickname (if any):

Residential address:

..... Postal code:

Postal address:

..... Postal code:

Tel no: (Home) (Cell)

e-mail address:

Home Language: Date of Birth:

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.)

Pilot/FE licence no: (Fixed wing) Date issued:

Pilot/FE licence no: (heli) Date issued:

(Please attach a photocopy of your pilots / flight engineer licence/s as well as two recent passport size photographs.)

Employer: Date joined:

Marital status: Partner's first name:

Active sports: Hobbies:

South African Association of Flight Instructors (SAAFI):

Do you hold a valid current instructor's rating: Yes / No

All ALPA members holding an instructor's rating automatically become members of SAAFI.

Debit order instruction

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

To: Air Line' Association of South Africa

Surname:

First names:

Name of bank:

Branch: **Branch no:**

Account number:

I authorise you to draw against my account with the above bank (or any bank to which I may transfer my account) the amount necessary for the payment of my monthly subscriptions to the Air Line Pilots ' Association of South Africa. All such withdrawals form 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 form my account may change form time to time (on promotion, general or annual pay increases).

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

Signed at on this day
of19

Signature:

