



**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: .....

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.)

Pilot/FE licence no: ..... (Fixed wing)

Date issued: .....

Rank: .....

(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 name: .....

Emergency contact name and number: .....

Active sports: ..... Hobbies: .....

**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  
of .....20 .....

**Signature:** .....

**PLEASE SEND YOUR COMPLETED FORM TO ANITA PIETERSE**  
[alpamember@mweb.co.za](mailto:alpamember@mweb.co.za)