



Society of State Advocates and Prosecutors of South Africa  
(A Trade Union registered in terms of the Labour Relations Act, 1995)  
[www.ssapsa.org.za](http://www.ssapsa.org.za)

Private Bag X8, Johannesburg, 2000  
Innes Chambers Building, Corner Kruis and Pritchard Streets, Johannesburg  
Tel: (011) 220 4115  
Email Contacts: [secretary@ssasa.org.za](mailto:secretary@ssasa.org.za) | [chairperson@ssasa.org.za](mailto:chairperson@ssasa.org.za)

## APPLICATION FOR MEMBERSHIP

\*\*\*\* Please complete this form using block letters. Once you have completed the form, forward it to [secretary@ssasa.org.za](mailto:secretary@ssasa.org.za)

I hereby apply for membership of the Society of State Advocates and Prosecutors of South Africa:

Full Names: \_\_\_\_\_

Rank: \_\_\_\_\_

Office: \_\_\_\_\_

Division: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Cell phone nr: \_\_\_\_\_

Recruited by: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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## PAYMENT AUTHORISATION

I, the undersigned

Full Names: \_\_\_\_\_

Rank: \_\_\_\_\_

Office: \_\_\_\_\_

Division: \_\_\_\_\_

PERSAL Number: \_\_\_\_\_

ID Number: \_\_\_\_\_

hereby authorise the Accountant of the National Prosecuting Authority to deduct monthly with effect from: 1 \_\_\_\_\_ 20\_\_\_\_\_

the subscription of R75-00 from my salary and to remit it to the Society of State Advocates and Prosecutors of South Africa (SSAPSA) with reference number: Table 119 Code 0154, of which I am a member until such time as I cancel this authorisation in writing, or until I substitute it with a new authorisation. Should the relevant subscription rate be adjusted by SSAPSA as a result of a general increase/decrease in subscription or should I request SSAPSA to decrease/increase the subscription for certain reasons, I confirm that the adjusted subscription 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.

Signed at \_\_\_\_\_ on \_\_\_\_\_

Signature: \_\_\_\_\_