



Driving it forward

# MEMBERSHIP APPLICATION FORM

MEMBERSHIP NO.

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FOR OFFICE USE ONLY

Number: (011) 672 1110 – Email: info@nmaosa.co.za

**COMPLETE IN PRINT USING BLACK INK E-MAIL**  
**COMPLETED FORM TO info@nmaosa.co.za ONLY FORMS**  
**COMPLETED IN BLACK INK WILL BE ACCEPTED**

REFERRED BY NAME / AGENT	NAME	MEMBERSHIP NO.
HANDLED BY EMPLOYEE	NAME	EMAIL ADDRESS info@nmaosa.co.za

## 1. MAIN MEMBER – PERSONAL, MEDICAL, ID WRISTBAND INFORMATION

### Personal Information

TITLE	SURNAME	FULL NAMES
ID NUMBER	PASSPORT NUMBER	NICK NAME
HOME ADDRESS		
City	Province	Code
POSTAL ADDRESS		
City	Province	Code
HOME TEL NR.	WORK TEL NR.	CELL NR.
FAX NR.	LANGUAGE Eng <input type="checkbox"/> Afr <input type="checkbox"/>	E-mail
ARE YOU INTERSTED IN RECEIVING OUR MONTHLY NEWSLETTER? Yes <input type="checkbox"/> No <input type="checkbox"/>		

## 2. SPOUSE / PARTNER – PERSONAL, MEDICAL, ID INFORMATION

### Personal Information

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Sex: M/F ID Number: \_\_\_\_\_

Relationship to member: \_\_\_\_\_ Email: \_\_\_\_\_

## 3. FIRST DEPENDANT – 18+

### Personal Information

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Sex: M/F ID Number: \_\_\_\_\_

Relationship to member: \_\_\_\_\_ Email: \_\_\_\_\_

## 4. SECOND DEPENDANT – 18+

### Personal Information

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Sex: M/F ID Number: \_\_\_\_\_

Relationship to member: \_\_\_\_\_ Email: \_\_\_\_\_

## 5. THIRD DEPENDANT – PERSONAL, MEDICAL, ID WRISTBAND INFORMATION

### Personal Information

Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Sex: M/F ID Number: \_\_\_\_\_  
 Relationship to member: \_\_\_\_\_ Email: \_\_\_\_\_

## 6. 60+ SENIOR CITIZEN

### Personal Information

Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Sex: M/F ID Number: \_\_\_\_\_  
 Relationship to member: \_\_\_\_\_ Email: \_\_\_\_\_

## 7. VEHICLE INFORMATION

Please note: Vehicle refers to motor vehicle or

	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
*	_____	_____	_____	_____
* Mandatory Field				
MAKE				
MODEL				
COLOUR				
YEAR				
REG NR.				
Member Name				

## 8. DRIVE PACKAGE +

Please complete all the fields for the services you require.

### DRIVE PACKAGE PLUS

1.	MAIN MEMBER	R189PM / R2189PA		R
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### DEPENDANTS

2.	SPOUSE / PARTNER	R149PM / R1639PA		R
3.	18 -25	R98PM / R1078PA	NO. <input type="text"/>	R
4.	60*	R89PM / R979PA	NO. <input type="text"/>	R

<b>TOTAL FIRST AMOUNT</b>					R
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AUTHORISATION: I / WE AGREE TO PAYMENT OF ABOVE FEES

PLACE		DATE	YYyy-mm-dd	SIGNATURE	
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Terms & conditions apply

## 9. PAYMENT AGREEMENT ( TERMS AND CONDITIONS)

I / We understand that membership cannot be cancelled within the first 3 months.

I / We understand that a calendar month's written notice period is required for cancellation. (Send cancellation to info@nmaosa.co.za)

I / We agree to make payments through the following (Mark with X where applicable)

### METHOD OF PAYMENT

DEBIT ORDER  **PLEASE COMPLETE DEBIT ORDER MANDATE (SECTION 10)**

MONTHLY PREMIUM  YEAR PREMIUM

I acknowledge that all payment instructions to be issued in terms of this will be considered by my bank as authorised by myself.

I agree that cancellation of this payment instruction will not automatically cancel the membership.

I'm not entitled to reclaim any amounts that have been paid lawfully in terms of this contract.

National Motorist Association may not give, cede or delegate this instruction to any third party without my written permission.

I hereby authorise National Motorist Association to capture and store my personal and medical information on a safe and secure database in order to make it available in an

emergency to emergency services in order to provide more efficient service.

I hereby confirm that I understand this contract and voluntarily agree to it,

<b>ACTIVATION DATE OF MEMBERSHIP</b>	DATE	OFFICE USE ONLY YYyy-mm-dd
PLACE	DATE	SIGNATURE
	YYyy-mm-dd	

## 10. AUTHORISATION AND MANDATE FOR PAYMENT INSTRUCTIONS VIA DEBIT ORDER

### A. AUTHORISATION

- I / We authorise National Motorist Association of South Africa to issue payment instructions to their banker for collection to draw against my / our bank on the condition that the amount of such payment Instructions will never exceed my obligations as agreed in the agreement.
- The individual payment instructions that have been duly authorised, has to be issued on a monthly / yearly\* (interval) on or after the dates as agreed for payment and the amount may not be higher or less as the mandated amount payable (\*Delete what is not applicable)
- The payment instructions that have been created and authorised has to include my membership number as reference at all times.
- Hereby I / we agree that the monthly / yearly debit order will be delivered and deducted on the

1 st	7 th	15 th	26 th	
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(mark applicable block)

of every month / year.

The first payment instruction for amount R\_\_\_\_\_ will be issued and delivered during the first month. Thereafter the amount of

A R\_\_\_\_\_ and will be deducted every month / year. This mandate will be in effect until I / We have given written notice of cancellation.

Member fees as revised yearly and amended accordingly on 1 March. Ad hoc costs may for identification items may be added to the debit order from time to time with permission from the member.

### B. MANDATE

- I / We agree that any payment instructions that have been issued by you will be treated by my / our bank as though I / we have personally given the instruction

### C. CANCELLATION

- I / We agree that although I / we can cancel this mandate and authorisation, it will not cancel the membership. I / We understand that I / we cannot reclaim the amounts that have been deducted from my / our account in terms of this mandate and authorisation if those amounts are legally owed to you.

### D. INSTRUCTION

- I / We agree that the party authorised here-in to make deductions against my / our account my not cede or transfer any of his rights to a third party without the written consent of myself / us and that I / we cannot delegate any of the responsibilities in terms of this contract or authorisation to any third party without the written consent of the authorised party.

### E. BANK ACCOUNT REFERENCE

- I / we take note that the bank reference number on our statement will show:

NMA OF SA

**NATIONAL MOTORIST ASSOCIATION OF SOUTH AFRICA**  
CONTACT DETAILS FOR MEMBER ENQUIRIES:

e-mail: info@nmaosa.co.za  
Telephonic: 011 672 1110

<b>ACCOUNT HOLDER</b> (Name & Surname)	<b>BANK NAME</b>
<b>BRANCH NAME</b>	<b>TYPE OF ACCOUNT</b> Cheque    Savings    Transmissio n
<b>ACCOUNT NUMBER</b>	<b>BRANCH CODE</b>
<b>MEMBER NUMBER</b> (Office use)	<b>DATE</b> dd    mm    yyyy
<b>PLACE</b>	<b>SIGNATURE</b>

Clear Form (Electronic)