



Name and Surname: _____

Authority and Mandate for payments Instruction: Electronic and Written Mandates for NEW Members and Unsuccessful Debit Order Members.

Member Name and Surname: _____

Address: _____

Bank Name: _____

Branch and Code: _____

Name of Accountholder: _____

Account Number: _____

Type of Account: _____

ID Number: _____

Debit Order Date: _____

Contact Number: _____

Abbreviated Name as Registered with the Bank: SOMSA NPC

This signed Authority and Mandate refers to our contract dated ("the Agreement").

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ (**input today's date**) and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as per option ticked below.

Annual Membership of R500 PLUS additional administration costs per deduction payable as follows:Please indicate on which date per month you would like your debit order to run: 15th 30th*(in all instances the first deduction will occur on the month end of the following month)*

	<u>Options</u>	<u>Tick applicable</u>	<u>Payment plan (please circle the relevant date)</u>
1	Once Off (R560)		deduction will occur on the 15 th or 30 th of the month following month of signing this mandate

Name and Surname: _____



2	2 Instalments (R600)	deduction will occur on the 15 th or 30 th of the month every month for 2 months
---	----------------------	--

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

I / We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We understand that unpaid fees can be recovered from me / us.

Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

(Signature as used for operating on the account)

May we use the same debit order date and month to carry over each year to renew membership? Yes/No

MEMBERSHIP FORM

Please submit your form, once completed for Att: **Thandeka Msweli** E-mail: **thandeka@confco.co.za**

April 2020- March 2021 Membership Fee R500.00 PLUS administration costs per deduction.

Member Details

Identity Number	
SA Nursing Council Registration Number	
Name of Facility at which you work	
District	
Area of Expertise	<input type="checkbox"/> Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Clinician <input type="checkbox"/> Student <input type="checkbox"/> Educator <input type="checkbox"/> Other health professional
If you selected other, please specify here	

Name and Surname: _____

Province	<input type="checkbox"/> Northern Cape <input type="checkbox"/> Eastern Cape <input type="checkbox"/> Western Cape <input type="checkbox"/> KwaZulu Natal <input type="checkbox"/> Gauteng <input type="checkbox"/> North West <input type="checkbox"/> Mpumalanga <input type="checkbox"/> Limpopo <input type="checkbox"/> Free State
Work Telephone Number	
Facsimile Number	
Mobile Number	
Email Address(Required)	
Sector	<input type="checkbox"/> Private <input type="checkbox"/> Public
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Education	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate
Please specify qualification obtained	
Please specify the Institution the qualification was obtained at	
Number of years Experience in Midwifery	
Have you participated in any Research	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please stipulate which.	

How you benefit

- Discounted registration fees at the national conference
- Support and guidance via telephone or email
- Part of a local network through regional branches and contacts
- SOMSA website for online resources and upcoming events

How you can be a more active member:

- Become involved in your local branch
- Email us your challenges and successes to share with other midwives via our website www.midwivessociety.co.za
- Share your story. Send us pictures of your unit and tell us about your innovations and achievements to liza@confco.co.za

PLEASE CONTACT THANDEKA MSWELI ON 031 303 9852, SHOULD YOU HAVE AN QUERIES

Once your membership form has been processed, an invoice will be issued for record purposes. A debit order will be processed as per the above information provided.

Terms & Conditions

- *The membership fees will be renewed annually until written notice to cancel has been received.
- *No membership will be confirmed without payment.

Privacy Statement

We collect information that you voluntarily provide, in order for us to process memberships and other transactions you may request, and provide a customer service.
 We use your information to inform you of updates and send you relevant information regarding the concerned event.
 We do not sell, rent, or lease our delegate lists to third parties. In order to help provide our services, we occasionally provide information to other companies that work on our behalf. The Conference Company shall take all reasonable steps to protect the personal information of Users. For the purpose of this clause, "personal information" shall be defined as detailed in the Promotion of Access to Information Act 2 of 2000 (PAIA). The PAIA may be downloaded from:
<http://www.polity.org.za/html/govdocs/legislation/2000/act2.pdf>