SASAWU MEMBERSHIP APPLICATION FORM

Join SASAWU by completing this form.

Return it to SASAWU Head Offices
Fax number: 011 339 3406

PRINCIPAL MEMBER DETAILS

Surname _____ Membership Number _____

Name _____ ID Number _____

Initials _____ Title _____ Gender Male Female Marital Status _____

Residential Address _____ Postal Address _____

_____ _____ Code _____

_____ Code _____ Tel _____

Cell _____ Nr of Dependants _____ Email _____

EMPLOYMENT DETAILS

Employer _____ Occupation _____

Word Address _____ Tertiary Qualifications _____

_____ Code _____ Appointment Date _____ Tel _____

MEMBERSHIP FEE

All Union Member contributions R55 per month

RECRUITER DETAILS

Surname and Initials _____ ID Number _____

Cell _____ Work Tel _____ Recruiter Membership Nr. _____

TOTAL STOP ORDER DEDUCTION

I, the undersigned, a) Full Name _____ b) Rank _____

c) Salary Nr. _____ d) Station/Paypoint _____

e) ID Nr. _____ hereby authorise the Accountant of the Department/Administration of

_____ to deduct monthly with effect from _____ 20____ the premium of R55.00 from my salary and to remit it to SASAWU (Ref Nr. _____) of which I am member until such time that I cancel this authorisation in writing, or until I substitute it with a new authorisation. Should the relevant premium be adjusted by the Institution as a result of an inflation related increase, I confirm that the adjusted premium may be deducted from my salary, until such time as I cancel this authorisation in writing or until I substitute it with a new authorisation.

Signed at _____ on this _____ day of _____ 20 ___ **Member's signature** _____

CANCELLATION OF EXISTING STOP ORDER DEDUCTION (To be completed if you are currently a member of another union)

I, _____ hereby give notice in terms of the Labour Relations Act that my stop order instructions in favour of _____ must be cancelled with effect from _____

Date _____ **Member's Signature** _____