



NEHAWU

MEMBERSHIP APPLICATION FORM

Member Personal Information

Title	
First Names	
Initials	
Surname	
Identity Number	
Date of Birth	
Language	
Gender	
Marital Status	
Number of Dependants	

Member Address Information

Postal Address	
Postal Code	
Physical Address	
Postal Code	
Telephone (Work)	
Telephone (Fax)	
Telephone (Home)	
E-mail Address	
Telephone (Cellular)	

Employment Information

Date Employed	
---------------	--

If you work for a Government Organisation, please complete the the following section:

Department Code	
Department/Organisation Name	
Paypoint Code	
Paypoint Name	

If you work for a Private Organisation, please complete the following section:

Employer	
Postal Address	
Postal Code	
Occupation/Position	
Date Commenced in this position	
Salary	
Salary Frequency	
Salary Number	

Subscription Payment Details			
Method	Cash	Frequency	Monthly
		Amount	

If you pay by Debit Order, please complete your Bank Details.

Bank Name	
Bank Branch Code	
Account Holder	
Bank Account Number	
Account Type	

Membership Details (For Office Use)	
Membership Type	
Member	
Site/Shop Steward	
Recruiter Details	
Recruiter Member Number	

If you do not know your recruiter member number, please supply your Surname and ID number.

Recruiter Surname	
Recruiter ID Number	

STOP ORDER FORM

To:

Ihereby authorize you to deduct R44-00 from my income each month. The first deduction to be made onand be credited into the union account within seven days of the beginning of each month on the following conditions:

1. The deductions, which are made in respect of my monthly subscriptions, will be made in accordance with the current subscription rate subject to changes of which you will be duly informed.
2. Cancellation of this authorisation is subject to the provisions of the Union's constitution and section 13 of the Labour Relations Act of 1995.
3. I hereby revoke any previous authorisation for deductions in respect of any Union or staff association.

Signature.....Date.....