NUPSAW Membership Application

National Union of Public Service & Allied Workers, Success Mataitsane House,

814 Stanza Bopape Street, Eastwood, Pretoria, 0083. Head office: P.O. Box 11459,

The Tramshed, 0126 Tel: 012 342 1674 Fax: 086 667 8362 generalsecretary@nupsaw.co.za

PRIVATE SECTOR …….PUBLIC SECTOR ……..  (**For office Use** **Only**) MEMBERSHIP NUMBER …….…………………………………………….

TITLE (Dr, Mr., Mrs., Ms.) ……………………… Initial ……………………… FIRST NAME (S)………………………………………………………………………………

SURNAME ………………………………………………MARITAL STATUS …………...IDENTITY No……………………………….. Date of birth ………………………. GENDER: MALE ….. FEMALE …… ADDRESS…………………………………………………...................................................... Postal code …..……………

CONTACT TEL (WORK) ……………………………………………………… Home ……………………………. CELLPHONE …….…………………………………………….

FAX (W) ………………………………… E-MAIL ADDRESS ………………………………………………………………………………………………………………………………..

EMPLOYER (Dept.)………………………………………………………………………………………………………………………………………………………………………………..

EMPLOYER ADDRESS…………………………………………………………………… TOWN (CITY) ……………………………………… Postal Code ..……………………

RANK/OCCUPATION ……………………………… PERSAL/SALARY NO …………………………………………… PAY POINT NO ………………………………………

SPOUSE: FIRST NAME………………………………………. Surname ………………………………………………………………………………………………………………….

**Own children (Biological children): up to the age of 21 as well as children who are full time students up to the age of 25**

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| INITIALS | NAME(S) | SURNAME | DATE OF BIRTH | RELATIONSHIP |
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Recruiter Name …………………………………………………………Recruiter ID Number ……………….....................................................

**STOP ORDER**

I,………………………………………the undersigned, hereby authorize Department/Company to implement the following deduction on the Persal/Payroll system and to deduct my monthly membership fee of R60 or 1% of my basic salary, whichever is the greater, up to a maximum of R80. Salary/persal number………………………as from …………………… (date) I understand that three (3) months for public sector and one (1) month for private sector written notice of revocation is required prior to terminating my membership and this stop order. Where payment is made into NUPSAW banking account, proof of payment must be faxed to Head office

(fax 086 672 4354) reflecting the following information: name, surname, member number, contact details and period for which payment is made.

SIGNATURE OF APPLICANT………………………………………………………………. DATE…………………………………