



NUPSAW Membership Application



National Union of Public Service & Allied Workers
Success Mataitsane House, 814 Stanza Bopape Street, Eastwood,
Pretoria, 0001

Head Office: P.O. Box 11459, The Tramshed, 0126

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

PRIVATE SECTOR PUBLIC SECTOR (For Office Use Only) MEMBERSHIP NUMBER

TITLE (Dr, Mr, Mrs, Ms) Initial FIRST NAME (S).....DATE OF BIRTH.....

SURNAME MARITAL STATUS IDENTITY NO

GENDER: MALE ... FEMALE ... ADDRESS

CONTACT TEL. (WORK) HOME CELLPHONE

FAX (w) E-MAIL ADDRESS.....

EMPLOYER (Dept).....

EMPLOYER ADDRESS.....TOWN (CITY)..... POSTAL CODE

RANK/OCCUPATION..... PERSAL/SALARY NO..... PAYPOINT 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

INITIALS	NAME(S)	SURNAME	DATE OF BIRTH	RELATIONSHIP

Recruiter Name.....Recruiter Identity 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 R65 or 1% of my basic salary, whichever is the greater, up to a maximum of R85. 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 086 667 8362) reflecting the following information: name, surname, member number, contact details and period for which payment is made.

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