NEHAWU MEMBERSHIP APPLICATION AND DATA UPDATE

Fax to 011 833 1281

[X] Update to existing member data
[X] New member registration form

MEMBER PERSONAL INFORMATION

Title | Identity Number | Date of Birth (d d m m y y y y) | Gender (M F)

First Names | Language | Marital Status

Surname | Number of Dependants

NEHAWU Membership Number | Telephone Work ( )

Telephone Home ( ) | Fax no ( ) | Cell no.

E-mail Address

MEMBER ADDRESS INFORMATION

Postal Address | Physical Address

Postal Code | Postal Code

EMPLOYMENT INFORMATION

Persal/Salary Number

Employer Name

Occupation (eg: Nurse)

Date Commenced in this Position (d d m m y y y y) | Region

Monthly Salary R | Frequency: Monthly [X] Weekly [X] Fortnightly [X]

Work Postal Address

Work Contact Number | Postal Code

SUBSCRIPTION PAYMENT DETAILS

Payment Method: Debit Order [X] Cash [X] Persal [X] Persal Number | Frequency: Monthly [X] Weekly [X] Fortnightly [X]

If you pay by Debit Order please complete your Banking Details

Account Number | Branch Code | Deduction Date

Account Holder

Bank Name | Account Type

FOR NEHAWU OFFICE USE ONLY

Recruiter Name

Designation

ID Number | VA Cell Number

Cell phone number | Landline

STOP ORDER DEDUCTION

To ..... I ..... hereby authorise you to deduct 1.161% (not exceeding R57- 00) from my income each month and be credited into the Unions Account within 7 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 provision of the Unions 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 .....

E&OE