South African Democratic Teachers Union

APPLICATION FOR MEMBERSHIP

1. APPLICANTS PARTICULARS

▼TITLE

Prof.Dr.Mr.Mrs.Miss.Ms

▼INITIALS

▼SURNAME

▼FIRST NAMES

Y Y M M D D ◄ Date of Birth

▼IDENTITY NUMBER

▼POSTAL ADDRESS

▼SUBURB

▼CITY/TOWN

▼POSTAL CODE

▼TELEPHONE No. (Home)

▼TELEPHONE No. (Work)

▼EMAIL

2. NAME OF SADTU REGION AND BRANCH

▼BRANCH

▼REGION

PLEASE FORWARD TO:
THE GENERAL SECRETARY
P.O. BOX 6401
JOHANNESBURG
2000

3. NAME OF DEPARTMENT, SCHOOL AND SCHOOL ADDRESS

3.1 Department:.....

3.2 School: .....

▼SALARY REF. No. ▼RANK (e.g. teacher, HOD etc) ▼SCHOOL PAYPOINT No.

I hereby agree to abide by the constitution of the South African Democratic Teachers Union

Signature..... Date:.....

4. FOR OFFICE USE ONLY

▼MEMBERSHIP NUMBER ▼DEPT ▼PAYPOINT NUMBER ▼REGION ▼BRANCH ▼MEMBER TYPE ▼DATE JOINED Y Y M M D D

South African Democratic Teachers Union (SADTU)

PO Box 9027
Johannesburg 2000
Tel: 011 331 1443 /4

STOP ORDER AUTHORISATION

The Accountant/Secretary – (address of Department)

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▼RANK (e.g. teacher HOD etc)

▼SALARY REFERENCE NUMBER

I, the undersigned, hereby apply for membership of the South African Democratic Teachers Union (SADTU) and authorize and request the Accounting Officer of my Department/Administration to deduct

the amount of R .....
from my salary as membership fee to SADTU for the month of
..... 20 .....and thereafter
to continue such monthly deductions until my further written notice.

Full Name:.....

Address of Member:.....

.....

Work Address:.....

.....

Date of Birth: .....Title:.....

Identity Number:.....

.....
Signature

.....
Date

PAYPOINT NUMBER