



# SOUTH AFRICAN MUNICIPAL WORKERS' UNION

## Membership Application Form

### SECTION A: PERSONAL INFORMATION

Mr/Mrs/Ms  Surname

First Name(s)  Initial(s)

Identity Number

Date of Birth 

Y	Y	Y	M	M	D	D
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Gender 

M	F
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 New member 

Yes	No
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### SECTION B: CONTACT DETAILS

Postal Address

Tel. No. (Home)

Cell No.

Postal Code

E-mail:

A Reliable Address is needed to forward your membership card to you

### SECTION C: DETAILS OF YOUR EMPLOMENT

Please tick ( ) the appropriate Province	Eastern Cape	Free State	Gauteng	Kwa-Zulu Natal	Limpopo	North West	Northern Cape	Mpumalanga	Western Cape
Municipality / Employer <input type="text"/>									
Department <input type="text"/>									
Postal Address of Employer <input type="text"/>									
									Postal Code <input type="text"/>
Staff No. <input type="text"/>									

### SECTION D: DECLARATION

I, the undersigned hereby join the South African Municipal Workers' Union. As a member, I hereby

- Request that you deduct my remuneration, in respect of subscriptions to the Union an amount equivalent to 1% of my weekly / monthly remuneration, to the maximum of R65 per month or whichever amount the Central Executive Committee might decide on from time to time.
- Request that in the event of a decision by the Union in terms of its Constitution, increasing the amount or imposing a levy, that such amount or levy be deducted from my remuneration;
- Hereby revoke any previous authorisation for deductions on behalf of any other union or organisation;
- Undertake that I shall give 6 (six) weeks' notice of resignation to the above union before revoking this authorisation, and that I shall duly inform my Payroll office thereto.

Signature of member: ..... Date: .....

Witness 1: ..... Witness 2: .....

### FOR OFFICE USE ONLY

MEMBERSHIP No.

JOINING DATE 

Y	Y	Y	Y	M	M	D	D
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bongi@fcasey.com.au