



AFADWU

Organise or Starve
Agricultural Food and Allied Democratic Workers Union

Head Office
Johannesburg

MEMBERSHIP APPLICATION FORM

Surname: _____ First Name: _____

Date of Birth: _____ ID Number: _____ Gender: MALE | FEMALE

Home Address: _____ Code: _____

Postal Address: _____ Code: _____

Cell Number: _____ Work Telephone: _____

Name of Employer: _____

Date of Engagement: _____ Job Description: _____

Department: _____

Employee/Clock Number: _____ Branch: _____

Province: _____ Sector: _____

Other Skills: _____ Years of Experience: _____

----- - please tear this part off-----

STOP ORDER

MESSRS:

Name and Address of Employer: _____

Through: The General Secretary

Agricultural Food and Allied Democratic Workers Union

20 Albert Street, 13th Floor Braam Fischer Towers, Marshal Town, Johannesburg, 2107

Dear Sir/Madam

I (full name) _____ (employee no) _____ being a member of the above trade union, hereby request you to deduct 1.4% from my salary/wage per month provided that such amount shall not be less than R 35.00 and shall not exceed R90.00 per month or such other amount as may be determined from time to time according to the union's constitution, in respect of my subscription to the union. I hereby cancel any other request I may have made for subscription deduction payable to any other trade union. I undertake that I shall myself give 4 weeks written notice of resignation to the union before cancelling this authorisation.

Yours Faithfully

Signature: _____ **Date:** _____ **Witness** _____

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AFADWU Registration No: LR 2/6/2/2705 | AFADWU is a registered trade union