

SACTWU Membership Application Form - OTHER

SECTION A: PERSONAL INFORMATION

Surname: _____ First Name/s: _____
Date of Birth: ____/____/____ Nationality: _____ Male Female
SA ID Number: _____ OR Foreign Passport Number: _____

SECTION B: CONTACT DETAILS

Home Address: _____ Code: _____
Postal Address: _____ Code: _____
Telephone: Home: _____ (Work) _____ Cell: _____
E-mail: _____

SECTION C: EMPLOYMENT INFORMATION

Company Name: _____ Department: _____
Job Description: _____ Date Engaged: _____
Employee/ Clock No: _____ Position in Union: _____
Branch: _____ Region: _____
Sector: _____ Years of Experience: _____
Other Skills: _____ Years of Experience: _____

STOP ORDER FORM

(Name & Address of Employer) _____

through: General Secretary
Southern African Clothing and Textile Workers' Union
PO BOX 18359
DALBRIDGE
4014

Dear Sir,

I (Full Name) _____ (Clock No) _____ ; being a member of the above-mentioned Trade Union, hereby request you to deduct 1% of my basic weekly wage, subject to a minimum of R11.23 and maximum of R20.59 plus R2.50 for the funeral scheme benefit or such amount as may be determined according to the Union Constitution from time, from my remuneration in respect of membership fees and levies payable to the Trade Union. I hereby revoke any previous authorization for deductions in respect of any Union not merged and incorporated within the Southern African Clothing and Textile Workers' Union. This authority shall only be terminable on four weeks written notice to the Union.

I confirm that the information furnished is true and binding to my conscience.

Yours faithfully,

SIGNATURE: _____ (1) Recruited by _____

DATE: _____ (2) Witness _____

Please note: Turn page over for Member Dependant information.

SECTION D:**INFORMATION OF FAMILY MEMBERS**

Full names of Beneficiaries (Spouse and Children or Legally Adopted Children)

| | Name | Date of Birth | Gender (M or F) | Relationship | ID Number/ Birth Number |
|-----|------|---------------|--------------------|--------------|-------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

Parents

| | | | | | |
|----|--|--|--|--|--|
| 1. | | | | | |
| 2. | | | | | |

It is the member's responsibility to inform the SACTWU office and to have proof of receipt of information by SACTWU, for example, a copy signed and dated by the union official at the Union office where such information was submitted

NAME OF RECRUITER: _____

SACTWU