



MEMBERSHIP APPLICATION FORM

TEL 011- 467-0192
FAX 011-467-0188

A TELL US ABOUT YOURSELF										
ID Number								Title		
Surname								Male	Female	
Full First names										
Code & Tel (W)										
Code & Tel (H)										
Cellular No										
Race (Govt Statistics)	Black		Coloured		Indian		White		Other	

B ADDRESS										
E-MAIL										
PRIVATE POSTAL (as alternate address for Sasbo NEWS) **								FOR OFFICE USE ONLY		
								STATUS		
								TITLE CODE		
								PAYMENT TYPE		
	Postal Code								ACC TYPE	
									LABEL	

C WHERE DO YOU WORK?									
Institution								BANK AT	
Branch / Department								WORK AT	
Employee Number								RECRUITER	
Job Grade								AREA CODE	
Branch Code								DEDUCT SUBS	

Please indicate your employment status: Permanent Temporary Contract worker

D BANKING ACCOUNT DETAILS									
Name of Bank									
Branch									
Account Number									
Branch Clearing Code									
Type of Account	Cheque	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Savings	<input type="checkbox"/>			

E DEBIT AUTHORISATION - Indicate which is applicable	
<input type="checkbox"/>	I agree to pay Sasbo monthly subscriptions as determined by the Union from time to time, and authorise you to recover my subscriptions from my bank account via ACB Magtape
<input type="checkbox"/>	I hereby authorise my employer to deduct from my salary each month and pay on my behalf, my subscription fee to Sasbo as determined by the Union from time to time.

F CANCELLATION OF MEMBERSHIP	
One month's written notice is required	

G	
Signature _____	Date _____

COMPETITION	
ENROLLED BY _____	EMPLOYEE NO _____
BANK _____	BRANCH/DEPARTMENT _____
NAME OF MEMBER RECRUITED _____	EMPLOYEE NO _____