



NUPSAW Membership Application

National Union of Public Service & Allied Workers, Success Mataitsane House,
814 Stanza Bopape Street, Eastwood, Pretoria, 0083. Head office: P.O. Box 11459,
The Tramshed, 0126 Tel: 012 342 1674 Fax: 086 667 8362 generalsecretary@nupsaw.co.za



PRIVATE SECTORPUBLIC SECTOR (For office Use Only) MEMBERSHIP NUMBER

TITLE (Dr, Mr., Mrs., Ms.) Initial FIRST NAME (S).....Date of birth

SURNAMEMARITAL STATUSIDENTITY No.....

GENDER: MALE FEMALE ADDRESS..... Postal code

CONTACT TEL (WORK) Home CELLPHONE

FAX (W) E-MAIL ADDRESS

EMPLOYER (Dept.).....

EMPLOYER ADDRESS..... TOWN (CITY) Postal Code

RANK/OCCUPATION PERSAL/SALARY NO PAY POINT NO

SPOUSE: FIRST NAME..... Surname

Own children (Biological children): up to the age of 21 as well as children who are full time students up to the age of 25

INITIALS	NAME(S)	SURNAME	DATE OF BIRTH	RELATIONSHIP

Recruiter NameRecruiter ID Number

STOP ORDER

I,.....the undersigned, hereby authorize Department/Company to implement the following deduction on the Persal/Payroll system and to deduct my monthly membership fee of R60 or 1% of my basic salary, whichever is the greater, up to a maximum of R80. Salary/persal number.....as from (date) I understand that three (3) months for public sector and one (1) month for private sector written notice of revocation is required prior to terminating my membership and this stop order. Where payment is made into NUPSAW banking account, proof of payment must be faxed to Head office (fax 086 672 4354) reflecting the following information: name, surname, member number, contact details and period for which payment is made.

SIGNATURE OF APPLICANT..... DATE.....