



NUPSAW Membership Application

NATIONAL UNION OF PUBLIC SERVICE & ALLIED WORKERS

NUPSAW House, 814 Church Street, Eastwood, Pretoria, 0001

Head Office: P.O.Box 11459, The Tramshed, 0126

Tel: 012 342 1674 Fax: 086 672 4354 E-mail: generalsecretary@nupsaw.co.za



PRIVATE SECTOR PUBLIC SECTOR MEMBERSHIP NUMBER (for office use)

SURNAME

TITLE (Dr, Mr, Mrs, Ms) Initials

FIRST NAMES

IDENTITY No. Date of Birth

ADDRESS

Postal Code

CONTACT TEL WORK Home

CELLPHONE Work Fax

E-MAIL ADDRESS

EMPLOYER

EMPLOYER ADDRESS

Town/City Postal Code

Rank/Occupation

PERSAL / SALARY NO. Paypoint No.

Spouse: First Name Surname

Spouse: Identity No.

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 Surname Date of Birth

Initials Surname Date of Birth

Initials Surname Date of Birth

Initials Surname Date of Birth

Recruiter Name

Recruiter Identity Number

STOPORDER

I, _____ the undersigned, hereby authorise NUPSAW to implement the following deduction on the Persal/Salary system and to deduct my monthly membership fee of R55 or 1% of my basic salary, whichever is the greater, up to a maximum of R60 from above 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 stoporder.

Where payments are 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, identity number, contact details and period for which payment is made.

SIGNATURE OF APPLICANT _____ DATE _____

Please note: This application form must be signed and dated by the applicant.