



SAEWA

SOUTH AFRICAN EQUITY UNION

6 Cachet Road, Lambton, Germiston, 1401
PO Box 874, Germiston, 1400

Email: headoffice@saewa.co.za Twitter: @EquityUnion Website: www.saewa.co.za
CALL CENTRE 086 077 2392 Tel: 011 827 5353 Fax: 086 686 9103

LR2/6/2/1157



MEMBERSHIP ADMISSION FORM

RESTAURANT, CATERING & ALLIED SECTOR



SURNAME		ID No	
FIRST NAME	INIT	CELL	
ADDRESS			
SPOUSE / NEXT OF KIN		CELL	
EMPLOYER		TEL	

STOP ORDER INSTRUCTION & RESIGNATION FROM FORMER TRADE UNION

I hereby confirm that I have joined SAEWA and instruct that my current, or any future employer, must deduct my membership subscription fee from my wage / salary each week / month, and pay same in favour of SAEWA, FNB – Leisk House, Account number: 50523643564, Branch code: 250505. Such deduction shall be in terms of the provisions of the Main Agreement for the Bargaining Council for the Restaurant, Catering & Allied Trades, to which SAEWA is a party, read together with the provisions of Chapter Three, Section 19 of the Labour Relations Act, Act 66 of 1995 as amended. The current membership fee is R70.00 per month but may be increased from time to time as directed by the National Executive Committee of SAEWA. I finally instruct that this notice also serve as my formal resignation from any previous trade union that I was a member of.

DATE	SIGNATURE
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DEBIT ORDER AUTHORISATION

I, the undersigned, hereby authorise SAEWA to deduct from my banking account, by way of Debit Order, on the date specified herewith, the amount required for my membership subscription fee as may determined by the SAEWA NEC from time to time, plus R10,00 administration fee.

BANK DETAILS	ACCOUNT HOLDER		
BRANCH/BRANCH CODE	CHEQUE	SAVINGS	TRANSMISSION
NUMBER	DEDUCTION DATE		
SIGNATURE			

BASIC MEMBERSHIP FEE – **R70.00**

PLUS STRIKEFUND MEMBERSHIP – **R5.00**

PLUS OPTIONAL SAEWA FUNERAL SCHEME – **R25.00**

<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
YES	NO
TOTAL	

(Please complete Part B of this form for membership to the SAEWA / NESTLIFE Funeral Scheme)

OFFICE USE ONLY

TEAM MEMBER	TEAM LEADER	
SECTOR	REGION	DATE



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA





SAEWA FUNERAL SCHEME MEMBERSHIP ADMISSION FORM

MAIN MEMBER APPLICATION FORM

TITLE	NAME
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DATE OF BIRTH	ID No	CELL
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RESIDENTIAL ADDRESS

CITY	PROVINCE	CODE
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DEPENDANTS

FULL NAMES	ID No	RELATIONSHIP	GENDER (M/F)

AUTHORISATION OF PAYMENT

My employer is hereby authorised to deduct the amount specified from my salary/wages and to deposit same into the SAEWA cheque account at FNB, Leisk House, Account Number: 505 236 435 64, Branch Code: 25 05 05. Or to forward payment by cheque to PO Box 874, Germiston, 1400

SIGNATURE OF MEMBER

BENEFICIARY

NAME	ID No
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RELATIONSHIP	CONTACT No
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SIGNATURE

I authorise the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

SIGNATURE	DATE
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OFFICE USE ONLY

TEAM MEMBER	TEAM LEADER
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SECTOR	REGION	DATE
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