



SOUTH AFRICAN EQUITY UNION

For members, by members!

Email: headoffice@saewa.co.za Website: www.saewa.co.za

CALL CENTRE 086 077 2392 Tel: 011 827 5353 Fax: 086 686 9103



MEMBERSHIP ADMISSION FORM CLERICAL / ADMIN SECTOR



Surname:		Initials:	
First Name(s):			
ID/Passport No:		Country of Birth:	
Cell Number 1:		Cell Number 2:	
Company Name:		Contact Number:	
Company Address:			
		Employee Number:	
Spouse/Next of Kin Name:		Cell Number:	

STOP ORDER INSTRUCTION & RESIGNATION FROM FORMER TRADE UNION

I hereby confirm that I have joined SAEWA and thereby instruct that my current, or any future employer, deduct my membership subscription fee from my wage/salary each day/week/month and pay same in favour of SAEWA. Payment must be made to SAEWA, FNB, Branch Code 25 05 05, Acc. No. 50523643564. Such deduction shall be made in terms of the provisions of Chapter Three, Section 21 of the Labour Relations Act, Act 66 of 1995 as amended. The current membership fee may be increased from time to time as directed by the National Executive Committee of SAEWA. I finally instruct that this notice shall also serve as my formal resignation from any other trade union that I was previously a member of.

Date: _____ Signature: _____

Basic Membership Fee:	R100.00	✓
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If you wish to pay via bank debit order, please complete Part B of this form (Debit Order Authorisation).

OFFICE USE ONLY

Team Member:		Team Leader:			
Sector:		Region:		Date:	