



SOUTH AFRICAN TRANSPORT AND ALLIED WORKERS UNION
A REGISTERED UNION (ref no: LR2/6/2/914)

1st Company Copy - White

MEMBERSHIP APPLICATION FORM

No. 10801

PROVINCE / LOCAL: _____

UNION SECTOR: _____

SURNAME: _____

FIRST NAMES: _____

CLOCK NUMBER: _____

ID NUMBER: _____

DATE OF BIRTH: _____

GENDER: MALE/FEMALE: _____

WORKER PENSION NUMBER: _____

STATION/DEPOT: _____

GRADE: _____

DEPARTMENT: _____

RESIDENTIAL ADDRESS: _____

YEARS OF SERVICE: _____

COMPANY NAME: _____

POSTAL CODE: _____

COMPANY POSTAL ADDRESS: _____

HOME TEL: _____

CELL NUMBER: _____

COMPANY TEL NO: _____

POSTAL CODE: _____

COMPANY FAX NO: _____

BASIC WAGE EARNED: R _____

WEEKLY

MONTHLY

FORTNIGHTLY

I, the undersigned promise to abide by the Constitution, policies and decisions of the Union. I undertake not to bring the Union into disrepute.

Date Application Signed: _____

Signed: _____

STOP ORDER AUTHORISATION FORM

SOUTH AFRICAN TRANSPORT AND ALLIED WORKERS UNION
A REGISTERED UNION (ref no: LR2/6/2/914)

P.O. Box 9451
JOHANNESBURG, 2000

TEL: (011) 333-6127
FAX: (011) 333-8918

SURNAME: _____

CLOCK NO: _____

FIRST NAMES: _____

ID NUMBER: _____

COMPANY NAME: _____

WORKER PENSION NUMBER: _____

STATION / DEPOT: _____

DEPARTMENT: _____

GRADE: _____

I, the undersigned, hereby authorize my employer to deduct from my basic wage or salary subscription or levies payable by me to SATAWU or its successor in title ("the union") in terms of Section 13 of the Labour Relations Act No. 66 of 1995, as amended ("the LRA"). The amount of the union's subscription that I authorize the employer to deduct from my salary or wage is: (a) the equivalent of 1,5% of my basic wage or salary; or (b) if the amount in (a) is less than R30 per month, then R30 per month; or (c) if the amount in (a) is more than R90 per month, then R90 per month. I also authorize the employer to deduct from my wages or salary and pay over to the union any further levies that the Central Executive Committee of the union decides upon.

The employer is required to pay all subscriptions and levies deducted from my wages or salary to the union's head office, whose address appears above, by no later than the 7th day of the month first following the date each deduction was made. The union may change this address from time to time.

I hereby authorize the employer to provide the union with any information that is requested by the Central Executive Committee of the union, including any information relating to my employment and membership of the union.

If I cancel this authorization as a result of my resignation from the union, then I agree that the cancellation of this authorization will only become valid: (a) four weeks after I have given the union written notification of my resignation from the union; and (b) after I have complied with all the relevant provisions of the union's constitution, including clause 9.6.1 thereof.

I hereby terminate any other authorization to the employer in terms of Section 13 of the LRA to deduct from my wages or salary subscriptions or levies for any other trade union or trade unions.

Member Signature

Witness Signature

Date Application Signed