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

SATAWU House
117 De Korte Street
Johannesburg. 2001
011 40322077 /2078 /2168

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MEMBERSHIP APPLICATION FORM (COMPLETE IN CAPITAL LETTERS USING BLACK OR BLACK PEN)

(All fields must not be left blank)

New Member Details

Province: _____ Place of Work: _____

Local Office: _____ Union Sector: _____

Surname: _____ Name(s): _____

ID Number: | | | | | | | | | | | | | OR Passport No: | | | | | | | | | | | | | | |

Date of Birth: | | | | | | | | (Y Y Y Y M M D D)

Male: ☐ Female: ☐ Disabled (y/n): ☐

Contact No: | | | | | | | | | Employee No: | | | | | | | | Gross Salary: R | | | | . | |

Department: _____ Position: _____

Organiser/Admin: _____ Organ/Admin Code: _____ Contact No: | | | | | | | | | |

Shop Steward: _____ Contact No: | | | | | | | | | |

Next of Kin

Surname & Name: _____ Contact No: | | | | | | | | | |

Company Details

Company SATAWU Ref No: S A T | | | | | |

Name: _____

Postal Address: _____ Contact No: | | | | | | | | | |

_____ Fax No: | | | | | | | | | |

_____ Code: _____

Contact Person: _____ Email Add: _____

STOP ORDER AUTHORISATION

I, the undersigned , hereby authorize my employer to deduct from my basic wage or salary subscription or levies payable by me to SATAWU or it's the successor in title ("the union") in terms of Section 13 of the Labour Relations Act No.66 of 1995 ,amended ("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. Also authorize the employer to deduct from my wage 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 the wage or salary to the union's head office, whose address appears above, by no later than the 7th day if 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 employment and membership of the union.
If 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 week 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 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 salary or wage subscription or levies for any other trade union(s).

Members' signature: _____ Witness Name: _____

Date: | | | | | | | | (Y Y Y Y M M D D) Witness Signature: _____

Office Use Only

Membership No: | | | | | | | | | |

☐ Existing Member ☐ Update Member Details

☐ New Member Comments: _____

_____

Recruited by: _____

Processed by: _____ Signature: _____ Date: | | | | | | | | (Y Y Y Y M M D D)