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
010 065 1690

P. O. Box 9451, Johannesburg, 2001; email: - data@satawuapp.org.za

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

New Member Details

(All fields must not be left blank)

Province:_____

Local Office: _____

Surname: _____

Place of Work: _____

Union Sector: _____

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 its successor in title ("the union") in terms of Section 13 of the Labor 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 R90 per month. Also, authorize the employer to deduct from my wage or salary and pay over to the union any further levies that empowered structures of the organisaton 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 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 empowered structures or authorised persons of the organisation, including any information relating to employment and membership etc.

If cancel this authorization because 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 organization; 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).

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

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