



NEHAWU MEMBERSHIP APPLICATION AND DATA UPDATE

Fax to 011 834 0753 or 011 832 1281

- Update to existing member data
 New member registration form

MEMBER PERSONAL INFORMATION

Title		ID Number:		Date of Birth:		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
First Names:							
Surname:							
Marital Status:				Language:			
Physical Address:				Number of Dependents:			
				Postal Address:			
				Postal Code:			
				Postal Code:			

CONTACT DETAILS

Tel Number (work):		Cell Number:	
Tel Number (home):		Extra Cell Number:	
Email Address:			

EMPLOYMENT INFORMATION

Employer Name:			
Persal No. / Salary No.		Occupation (e.g. nurse)	
Branch (Institution):			
NEHAWU Region:		Province:	
Date Commenced in Position:		Monthly Salary:	
Work Physical Address Building Name:			
Street Name:		Frequency: Monthly	<input type="checkbox"/>
		Weekly	<input type="checkbox"/>
		Fortnightly	<input type="checkbox"/>
		City:	

SUBSCRIPTION PAYMENT DETAILS

Payment Method: Debit Order Cash Persal Persal No. Frequency: Monthly Weekly Fortnightly

If you pay by Debit Order please complete your Banking Details

Account Holder:		Bank Name	
Branch Name:		Branch Name/Code:	
Account Number:		Account Type:	
		Deduction Date:	

STOP ORDER DEDUCTION

To I hereby authorise you to deduct 1.232% (not exceeding R80 - 00) from my income each month and be credited into the Unions Account within 7 days of the beginning of each month on the following conditions:

1. The deductions, which are made in respect of my monthly subscriptions, will be made in accordance with the current subscription rate subject to changes of which you will be duly informed.
2. Cancellation of this authorisation is subject to the provision of the Unions constitution and section 13 of the labour relations act of 1995.
3. I hereby revoke any previous authorisation for deductions in respect of any Union or staff association.

Signed at: on this _____ day of _____ 20____

X	Rep Name:
Signature of Member	Rep ID:
	Rep Clerk Number:

FOR NEHAWU OFFICE USE ONLY

Recruiter Name	
Designation	
ID Number:	VA Cell Number
Cell Phone Number	Landline