

Cnr. Sarelcilliers & Piet Retief Street  
Office No. 4  
Warden  
9890



## **South African Black and White Workers Union (SABAWWU)**

### **Membership Application Form**

*Please complete all sections of this form clearly and accurately.*

#### **Section 1: Applicants Personal Details**

Full Name		ID Number	
Date of Birth		Gender	
Contact Number		Email Address	
Nationality		Current Union Member	YES / NO
Union Name and Representative		Are you Resigning from your current union?	YES / NO

#### **Section 2: Employment Details**

Employed	YES / NO	Employer/Company Name	
Company Address		Company Contact Number	
Job Description		Department	
Date of Commencement of Employment:		Type of Employment:	Permanent / Contract / Temporary Casual / Other (Specify): _____

#### **Section 3: Membership Declaration and Authorization**

##### **Declaration:**

I, the undersigned, hereby apply for membership of the South African Black and White Workers Union (SABAWWU). I confirm that the information provided in this application is true and correct to the best of my knowledge. I understand and agree to abide by the Constitution, rules, and policies of SABAWWU, as amended from time to time.

##### **Membership Fees:**

I understand that a monthly membership fee is payable to SABAWWU. The current monthly membership fee is R65.00 . I understand that this fee may be subject to change as determined by SABAWWU's National Executive Committee.

##### **A.Stop Order Authorization (Recommended):**

I hereby authorize my employer, \_\_\_\_\_ (Employer Name), to deduct the monthly SABAWWU membership fee from my salary/wages each month and to pay this amount directly to SABAWWU. I understand that I can revoke this stop order by giving appropriate notice to my employer and SABAWWU.

*(If option A was filled please leave out option B)*

##### **B.Debit Order Authorization:**

I hereby authorize SABAWWU or its authorized agent to debit from my bank account for the monthly membership fee on or about the \_\_\_\_ of each month. I understand that I can cancel this debit order instruction by giving SABAWWU 30 days' written notice.

Bank Name: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Account Type: [ ] Cheque [ ] Savings [ ] Transmission [ ] Current

##### **For Administration:**

Recruited by: \_\_\_\_\_

Recruiter details: \_\_\_\_\_

Received by Official: \_\_\_\_\_

Date Signed by Official: \_\_\_\_/\_\_\_\_/20\_\_

Approved ☐ Not-Approved ☐

#### **Section 4: Applicant Signature**

Signature		Date	
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