

FAWU MEMBERSHIP APPLICATION FORM



PERSONAL DETAILS OF MEMBER

SURNAME: _____ FIRST NAME: _____
DATE OF BIRTH: _____ ID NUMBER: _____ SEX: MALE / FEMALE
HOME ADDRESS: _____ CODE: _____
POSTAL ADDRESS: _____ CODE: _____
TELEPHONE: HOME _____ WORK _____

EMPLOYMENT DETAILS

NAME OF EMPLOYER _____
ADDRESS OF EMPLOYER _____
DATE ENGAGED: _____ JOB DESCRIPTION _____
DEPARTMENT _____
EMPLOYEE/CLOCK NUMBER _____ BRANCH _____
REGION _____ SECTOR _____
OTHER SKILLS _____ YEARS OF EXPERIENCE _____

-----Please tear this part off-----

Stop Order form

MESSRS.:
NAME AND ADDRESS OF EMPLOYER _____

THROUGH: THE GENERAL SECRETARY
FOOD AND ALLIED WORKERS UNION
PO BOX 1234, WOODSTOCK, 7915

Dear Sir/Madam

I (full name) _____ (clock no) _____ being a member of the above trade union, hereby request you to deduct 1.4% of my salary/wage per week/month provided that such amount shall not be less than R 35.00 and shall not exceed R120.00 per month or such other amount as may be determined from time to time according to the union's constitution, in respect of my subscription to the union. I hereby cancel any other request I may have made for subscription deduction payable to any other trade union. I undertake that I shall myself give 4 weeks written notice of resignation to the union before cancelling this authorisation.

Yours faithfully

Signature _____ Date _____ Witness _____