



NEHAWU
National Education, Health & Allied Workers Union
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Nelson Mandela Metropolitan University Branch
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Mobilising the conscience of the NMMU Today

MEMBERSHIP APPLICATION FORM

Title:		
First Names:		
Surname:		
Identity Number:		
Home Language:		
Gender:		
Postal Address:		
Telephone (Work):		
Telephone/ (Cellular):		
Faculty or Department:		
Occupation/Position:		
(Cross appropriate answer)		
Do you have an e-mail ?	Yes	No
Status of Employment	Permanent	Contract

STOP ORDER AUTHORISATION

To Human Resources Department: NMMU

Ihereby authorize you to deduct R55-00 from my income each month.

The first deduction to be made onand be credited into the union account within seven 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 provisions of the Union's 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.

Signature.....Employee number.....Date.....

Officials signature:.....Date.....