

# SACTWU Membership Application Form - DISTRIBUTION

## SECTION A: PERSONAL INFORMATION

Surname: \_\_\_\_\_ First Name/s: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality: \_\_\_\_\_  Male  Female  
SA ID Number: \_\_\_\_\_ OR Foreign Passport Number: \_\_\_\_\_

## SECTION B: CONTACT DETAILS

Home Address: \_\_\_\_\_ Code: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ (Work) \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## SECTION C: EMPLOYMENT INFORMATION

Company Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Job Description: \_\_\_\_\_ Date Engaged: \_\_\_\_\_  
Employee/ Clock No: \_\_\_\_\_ Position in Union: \_\_\_\_\_  
Branch: \_\_\_\_\_ Region: \_\_\_\_\_  
Sector: \_\_\_\_\_ Years of Experience: \_\_\_\_\_  
Other Skills: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

### **STOP ORDER FORM**

(Name & Address of Employer) \_\_\_\_\_  
\_\_\_\_\_

through: General Secretary  
Southern African Clothing and Textile Workers' Union  
PO BOX 18359  
DALBRIDGE  
4014

Dear Sir,

I (Full Name) \_\_\_\_\_ (Clock No) \_\_\_\_\_ ; being a member of the above-mentioned Trade Union, hereby request you to deduct 1% of my basic weekly wage, subject to a minimum of R8.53 and maximum of R15.64 plus R1.80 for the funeral scheme benefit or such amount as may be determined according to the Union Constitution from time to time; from my remuneration in respect of membership fees and levies payable to the Trade Union. I hereby revoke any previous authorization for deductions in respect of any Union not merged and incorporated within the Southern African Clothing and Textile Workers' Union. This authority shall only be terminable on four weeks written notice to the Union.

I confirm that the information furnished is true and binding to my conscience.

Yours faithfully,

**SIGNATURE:** \_\_\_\_\_ (1) Witness \_\_\_\_\_

**DATE:** \_\_\_\_\_ (2) Witness \_\_\_\_\_

**Please note:** Turn page over for Member Dependant information.

**SECTION D:****INFORMATION OF FAMILY MEMBERS**

*Full names of Beneficiaries (Spouse and Children or Legally Adopted Children)*

	Name	Date of Birth	Gender (M or F)	Relationship	ID Number/ Birth Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**Parents**

1.					
2.					

It is the member's responsibility to inform the SACTWU office and to have proof of receipt of information by SACTWU, for example, a copy signed and dated by the union official at the Union office where such information was submitted.

**NAME OF RECRUITER:** \_\_\_\_\_

# SACTWU