



Suite 218/219,296 Frances Baard Street, Pretoria 0002

PO Box 3667 Pretoria, 0001 /

Phone : (012) 320 7624 / (012) 320 4334

Office Fax : (012) 320 8496

Mobile Fax : 0865164608/ 0865359169

sapawu@yahoo.com

www.sapawu.org

JOIN SAPAWU NOW!

Membership Form – South African Postal Allied Workers Union

First names : _____
Surname : _____
Gender : Male Female:
Office : _____
Office Tel : _____
Cell : _____
Employment status : Fulltime/Casual
Salary no : _____

AUTHORISATION FOR DEDUCTIONS OF SAPAWU UNION SUBSCRIPTIONS STOP ORDER FORM

TO : South African Post Office

I (name and surname): _____

Salary Ref : _____ do hereby revoke my membership of any other trade union and hereby request and authorize you to deduct R 50-00 from my basic wage, this being my subscription to the South African Postal Allied Workers Union[SAPAWU]. This amount may be varied from time to time by the SAPAWU. Such varied amounts will be advised to you and deduction thereof is authorized by this stop order. I further request you to submit all such deductions to SAPAWU. Cancellation of this authorization will take place in terms of the Union's constitution.

Date signed : _____

Signature : _____