



NATIONAL PUBLIC SERVICE WORKERS UNION (NPSWU)

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MEMBERSHIP APPLICATION FORM

PRINCIPAL MEMBER DETAILS

First Name(s)				Surname									
ID Number				Date Joined									
Gender	M	F	Marital Status	SINGLE	Y	MARRIED	Y	DEVORCED	Y	WIDOWED	Y	PARTNERSHIP	Y
Employer				Employee Number									
Employer Address													
Email Address													
Postal Address				Postal Code									
Physical Address				Code									

DEBIT ORDER AUTHORITY

Account Holder: _____
 Name of Bank: _____ Branch Code: _____
 Account Number: _____
 Account Type: Cheque ☐ Savings ☐ Transmission ☐

I hereby authorise **NATIONAL PUBLIC SERVICE WORKERS UNION** to start a debit order withdrawal from my account.

DEDUCTION AUTHORISATION

FULL NAMES(S)	
RANK	
STATION	
IDENTITY	
PERSAL NUMBER	
DEPARTMENT CODE	

I the undersigned do hereby authorise my Employer to deduct R93.00 to NPSWU to cover my subscription.

DECLARATION

I declare to the best of my knowledge and belief that the particulars given above are true and correct.

MEMBER'S SIGNATURE								
DATE	Y	Y	Y	Y	M	M	D	D