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**GAUTENG OFFICE**  
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**WESTERN CAPE**  
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I, the undersigned, do hereby apply for membership of NPSWU. I have completed the stop order hereunder, authorising my employer to deduct from my salary an amount of **R100.00** per month, as subscription fees of NPSWU in terms of its constitution and to continue such deductions until further notice by me.

## APPLICATION FOR MEMBERSHIP

**FOR OFFICIAL USE**

**RECRUITED BY:.....** **CELL:.....**

Surname \_\_\_\_\_

First Name(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_

ID Number \_\_\_\_\_

Gender \_\_\_\_\_

Name of Employer \_\_\_\_\_

Institution \_\_\_\_\_

Employed at \_\_\_\_\_

Salary / Pay No \_\_\_\_\_

Rank/Designation Level \_\_\_\_\_

Home Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Work Telephone \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### IMPORTANT POINTS TO NOTE

1. On Completion, this form must be forwarded to the General Secretary of NPSWU: P.O. Box 1100, Durban 4000 or delivered to 22 Davenport Avenue, Glenwood, 4001 or it can be forwarded to the NPSWU Local Secretary at your institution for onward transmission to NPSWU.
2. The STOP ORDER section on this form must not be removed.
3. Please notify the General Secretary of NPSWU should deductions not be effected by 3 months from submission.
4. The onus is on the members to inform the union's offices of any change in address, personal particulars, retirement, resignation, cancellation etc.

### STOP ORDER

#### National Public Service Workers Union

I hereby authorise my employer to deduct from my salary an amount of **R100.00** per month from the first monthly paysheet after receipt of this notice being my subscriptions of NPSWU and to continue such deductions until further notice.

Full Name \_\_\_\_\_

Employer \_\_\_\_\_

Institution \_\_\_\_\_

Salary / Pay Number \_\_\_\_\_

Rank/Designation/ Level \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# NPSWU Death Welfare Benefit

Immediate Family Names & Surnames (SPOUSE, CHILDREN UNDER 21YEARS)	ID Number /Date Of Birth	Relationship

I nominate \_\_\_\_\_ who is my \_\_\_\_\_

To be beneficiary of Death Welfare Benefit of the union

ID of Beneficiary: \_\_\_\_\_ Beneficiary Contact No: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_

Member Signature \_\_\_\_\_ Date: \_\_\_\_\_

**IN THE EVENT OF THE BENEFICIARY NOT BEING TRACEABLE THE  
EXECUTIVE COMMITTEE MAY APPOINT THE RELATIVE OR NEXT OF KEEN  
PROVIDED S/HE FURNISH PROOF OF RELATIONSHIP**