

NATIONAL PUBLIC SERVICE WORKERS UNION (NPSWU)



HEAD OFFICE (DURBAN)
22 Davenport Avenue
Davenport
Durban, 4001
P.O. Box 1100
Durban, 4000
Tel: 031 304 7563
Email:
info@npswu.org
www.npswu.org

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1450
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Tel: 011 333 7981
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130 Marshall Street
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WESTERNCAPE
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Wyecroft Road, Mowbray
Observatory, Cape Town, 7700
Tel: 021 447 2870
Email:
westerncape@npswu.org
www.npswu.org

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 **R93.00** 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 (CCG/CHW)

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 **R93.00** 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**