



## FAWU MEMBERSHIP APPLICATION FORM

### PERSONAL DETAILS OF MEMBER

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ SEX: MALE / FEMALE  
HOME ADDRESS: \_\_\_\_\_ CODE: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_ CODE: \_\_\_\_\_  
TELEPHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

### EMPLOYMENT DETAILS

NAME OF EMPLOYER \_\_\_\_\_  
ADDRESS OF EMPLOYER \_\_\_\_\_  
DATE ENGAGED: \_\_\_\_\_ JOB DESCRIPTION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
EMPLOYEE/CLOCK NUMBER \_\_\_\_\_ BRANCH \_\_\_\_\_  
REGION \_\_\_\_\_ SECTOR \_\_\_\_\_  
OTHER SKILLS \_\_\_\_\_ YEARS OF EXPERIENCE \_\_\_\_\_

-----Please tear this part off-----

### Stop Order form

MESSRS.:  
NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_

THROUGH: THE GENERAL SECRETARY  
FOOD AND ALLIED WORKERS UNION  
PO BOX 1234, WOODSTOCK, 7915

Dear Sir/Madam

*I (full name) \_\_\_\_\_ (clock no) \_\_\_\_\_ being a member of the above trade union, hereby request you to deduct 1.4% of my salary/wage per week/month provided that such amount shall not be less than R15.00 and shall not exceed R90.00 per month or such other amount as may be determined from time to time according to the union's constitution, in respect of my subscription to the union. I hereby cancel any other request I may have made for subscription deduction payable to any other trade union. I undertake that I shall myself give 4 weeks written notice of resignation to the union before cancelling this authorisation.*

Yours faithfully

Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_