

PAWUSA Membership Application Form

Complete and return to: The General Secretary, PAWUSA, PO Box 2759, Cape Town, 8000

Fax to 021-4246804/06

Website: www.pawusa.org.za

Email: membership@pawusa.org.za / gensec@pawusa.org.za

PAWUSA Mobile: www.pawusa.org.za (on your mobile)

Affiliated to COSATU



Your Personal Details

First Name:

Surname:

Identity Number:

Date of Birth YYYY MM DD

Gender: Male Female

Marital Status:

Language Preference:

English Afrikaans Zulu Xhosa

Other:

Postal Address: Street /Box No.:

Suburb:

City / Town: Code:

Home Tel No.: ()

I would like to receive communication and updates

Fax No.:

Mobile No.:

Email:

Preferred Communication:

SMS Email Fax Post

Your Employment Details

Name of Employer:

Department & Province:

Address:

Work Tel No.: ()

Your Current Occupation:

Salary / Employee Reference Number:

PAWUSA FREE Metropolitan Funeral Benefit

Member	Spouse	Children's cover		
		14-21 Years	6-13 Years	0-5 Years
R4000	R4000	R4000	R2000	R1000

Privacy

The information we have requested is to enable PAWUSA to administer your membership, provide a better service and keep you informed. Information will be provided to approved agents or service providers of the organization in order to provide added services, unless you object.

I do not wish to have my information passed on.

My PAWUSA Plus Benefits

Benefits and Products are available to you as a member and such may be provided both in house and by service providers. Contact PAWUSA Provincial Office for more information or visit our website.

Conditions of Membership

I agree to abide by the rules and constitution of PAWUSA and I authorize PAWUSA to act in all matters of my employment relations including negotiations and improvement and protection of my working rights and conditions.

Your Stop Order Authorization

I do hereby apply for membership of PAWUSA, and authorize the Accounting Officer of my Department / Administration / (Pay Office):

Salary Ref. No.:

to deduct the amount of R..... from my salary as membership fee to PAWUSA with effect from the month of.....20..... and thereafter to continue such monthly deductions until my further written notice.

SIGNATURE: DATE:/...../20.....

(Office Use) Recruiter and Branch / Region Information:

Recruiter: Branch Name: Shop Steward:

Region Name:

Fighting for YOU, in your workplace! By joining PAWUSA, you will enjoy the following benefits

FREE Funeral Benefits
Study Assistance
PROCEDO Newsletter
Dispute, Grievance & Disciplinary Representation
Legal & Organizing Services

Campaign against Poverty
Fight Discrimination & Racism
Campaign for Job Security & Housing Improvement in Labour Law and Protection of Worker Rights
Campaign for Protection of Women and Children

Government & Public Services
Campaign for a Living Wage
Campaign for better Education
Campaign for better Health Care
Fight for better Local and National Government & Public Services