



# MEMBERSHIP APPLICATION AND STOP ORDER FORM

PLEASE COMPLETE ALL REQUIRED FIELDS.  
**IMPORTANT: I.D DOCUMENT OR PASSPORT TO BE ATTACHED TO ALL APPLICATIONS.**  
**[PLEASE COMPLETE ALL FIELDS IN CLEAR PRINT]**

Head Office  
 4 Estcourt Avenue, Centurion, 0157  
 Tel: 012 338 2021 Fax: 086 433 5143

### NEW MEMBER DETAILS:

TITLE: \_\_\_\_\_ SURNAME: \_\_\_\_\_ INITIALS: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_ I.D. NUMBER / PASSPORT NUMBER: \_\_\_\_\_

Country of Issue: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### CONTACT DETAILS

TEL: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (FAX) \_\_\_\_\_

(CELL) \_\_\_\_\_ (E-MAIL) \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_ FIRM NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

MARITAL STATUS	M=MARRIED	S=SINGLE	D=DIVORCED	W=WIDOWER	
ETHNIC GROUP	W=WHITE	A=AFRICAN	C=COLOURED	I=INDIAN	O=OTHER
GENDER	M=MALE	F=FEMALE			

Please mark selection of funds to be joined with an (x)

Mortality Trust Fund (x)	Employee Benefit Fund (x)	SATU Provident Fund	SATU Pension Fund	Medical Aid
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Funds that are already marked (X) are compulsory funds when a member joins the Union.

**(Please mark with X) IF YOU WISH TO RECEIVE THE TYPO JOURNAL EITHER BY: POST \_\_\_\_\_ OR E-MAIL \_\_\_\_\_**

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

FOR OFFICE USE ONLY

HQ/SU/01

**ENROLLED BY:**

INITIALS: \_\_\_\_\_ SURNAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### STOP ORDER

## NB!! THIS STOP ORDER CANCELS THE MEMBERSHIP OF ANY OTHER UNION

Request by employee that Union Subscriptions and Benefit Fund Fees are deducted from his/her remunerations in terms of Section 13(1) of the Labour relations Act of 1995.

I, \_\_\_\_\_ ID Number: \_\_\_\_\_  
 (Full Names of Member)

Employer: \_\_\_\_\_ being a member of SATU, hereby request deductions to be made from my remuneration in respect of membership fees from the week ending: \_\_\_\_\_

I further agree that upon written notification from SATU or the Trustees of the Benefit Funds, my deductions may increase from time to time.

Signature: Employee: \_\_\_\_\_

Signature Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_