

TRANSPORT AND RETAIL ALLIED WORKERS UNION
MEMBERSHIP APPLICATION AND STOP ORDER AUTHORISATION FORM
PHYSICAL ADDRESS: 03 West Street, Office No: 124 & 125, Kempton Park, 1620
CONTACT NUMBER: 079 181 7408, 072 215 1586 Tel: 011 394 6542
EMAIL: Info@trawu.org
LR 2/6/2/3230

PROVINCE _____ SECTOR _____

SURNAME: _____ FIRST NAMES: _____

EMPLOYEE/CLOCK NUMBER: _____ GENDER: _____

DATE OF BIRTH: _____ DEPARTMENT: _____

SATION/DEPOT: _____ COMPANY NAME: _____

RESIDENTIAL ADDRESS: _____ COMPANY TEL: _____

_____ COMPANY POSTAL ADDRESS: _____

POSTAL CODE: _____

HOME TEL: _____

CELL NUMBER: _____

ID NUMBER: _____ POSTAL CODE: _____

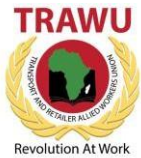
COMPANY EMAIL ADDRESS: _____

I, the undersigned, hereby authorise my employer to deduct from my basic wage or salary, subscription or levies payable by me to the TRANSPORT AND RETAIL ALLIED WORKERS UNION or its successor in title ("the union") in terms of Section 13 of the Labour Relations Act No 66 of 1995, as amended ("LRA"). The amount of the union's subscription that I authorise the employer to deduct from my basic wage of salary is (a) the equivalent of 1.4% of my basic wage of salary or (b) if the amount in (a) is less than R80.00 per month, then R80.00 per month or (c) if the amount in (a) is more than R120.00 per month, then R120.00 per month. I also authorise from my employer to deduct from my wages of salary and pay over to the union, any other levies that the National Executive Committee of the union may decide upon.

The employer is required to pay all subscriptions and levies deducted from my wages or salary to the unions Head Office, whose address appears above; by no later than the 7th day of the month following the date each deduction was made. The union may change this address from time to time. If I cancel this authorisation as a result of my resignation from the union, then I agree that the cancellation of this authorisation will only become valid (a) four weeks after I or my employer having provided the union with written notification of my resignation from the union; and (b) after I have complied with all relevant provisions of the union's constitution.

I hereby terminate any other authorisation of the employer in terms of Section 13 of the LRA to deduct from my wages or salary subscription or levies for any other trade union.

MEMBER SIGNATURE _____ DATE: _____



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RESIGNATION FROM _____ UNION AS A
MEMBER

I, (FULL NAMES) _____

ID NUMBER _____

EMPLOYEE / PENSION/CLOCK NUMBER _____

I HEREBY RESIGN AND INSTRUCT HUMAN RESOURCES
AND PAYROLL DEPARTMENT TO STOP
SUBSCRIPTION / DEDUCTIONS FROM MY MONTHLY
SALARY WITH IMMEDIATE EFFECT.

I HEREBY CONFIRM AND DECLARE THAT I HAVE JOINED
TRAUWU AS A MEMBER.

COMPANY _____ DEPARTMENT _____

THUS SIGNED ON (DATE) _____ SIGNATURE _____

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