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SAEPU MEMBERSHIP APPLICATION FORM

Private:Public:
Surname:.....Initials:.....
Title (Mrs., Mr., Miss):
First names:
Id no:.....Date of birth:.....
Postal Address:
Postal code:
Contact no: Work: Home:
Cell no:.....Work fax no:.....
E-mail Address:
Municipality/District:

Employment Details

Permanent:Temporary:
If on contract-period: Date engaged:till.....
Employer:
Employer Address:Postal Code:
Town/City:
Rank/Occupation:
Salary/Persal: Pay point:
Station:

Stop Order

Ithe undersigned, hereby authorize the accountant of the department/administration to implement the following deduction on my persal/salary system and deduct my monthly membership fee of R96.00 to SAEPU.

I hereby apply to be a member of the SAEPU personnel, South African Emergency Personnel Union and I shall abide by the constitution as well as any amendment thereof.

Signature of applicant: Date signed:/...../20.....

Please note: This application form must be signed and dated by the applicant, irrespective of whether the stop order is utilized.

OFFICE USE ONLY

Date of deduction:
Membership no:
Recruiter details:
Province: