

CANCELLATION OF MEMBERSHIP

DEPARTMENT/DISTRICT OF: _____

DISTRICT AND STATION: _____

Human Resource Management/Menslike Hulpbronbestuur

APPLICATION TO CANCEL MY TRADE UNION MEMBERSHIP

I _____ persal no. _____ Hereby
authorize you to terminate my membership of the union/s mentioned below.

I am aware of the requirements that a three months notice period for cancellation is
required.

Cancel my union membership of: _____

I hereby declare that I have given notice to the union of my cancellation of membership.

Date of notice: _____

SIGNATURE/HANDTEKENING

DATE/DATUM