MEMBERSHIP APPLICATION FORM

SOUTH AFRICAN POLICE AND ALLIED WORKERS UNION
30 Msobomvu Drive, Litha Park
Khayelitsha 7784
Email Address: sapaawu@gmail.com
Contacts: President —073 728 1392, Secretary General—078 272 2074
Head Office – 021 699 3001

SECTION A - PERSONAL DETAILS

FIRST APPLICATION: ☐ REJOIN: ☐ MEMBERSHIP NUMBER:

TITLE: MARITAL STATUS: LANGUAGE:

FIRST NAMES: INITIALS: ☐ ☐ ☐

SURNAME: GENDER: F M

DATE OF BIRTH: Y Y Y Y M M D D ID NUMBER:

POSTAL ADDRESS: CODE:

RESIDENTIAL ADDRESS: CODE:

PROVINCE: E-MAIL ADDRESS:

PLACE OF EMPLOYMENT / WORKPLACE:

JOB TITLE / RANK: PERSAL / SALARY NUMBER:

☐ PERMANENT EMPLOYMENT ☐ TEMPORARY EMPLOYMENT ☐ POLICE DEPARTMENT ☐ CORRECTIONAL SERVICES OTHER Please Specify

CELL PHONE: TELEPHONE

WORK NUMBER:

SECTION B - MEMBERS BANKING DETAILS

BANK: BRANCH CODE: ACCOUNT TYPE: CHEQUE ACCOUNT | TRANSMISSION ACCOUNT | SAVINGS ACCOUNT

ACCOUNT HOLDER NAME:

ACCOUNT NUMBER:

CONSENT: I consent to SAPAWU marketing products, services and special offers to me. SAPAWU may share my personal information within SAPAWU and with businesses that provide special advances to SAPAWU members, for marketing purposes, SAPAWU may also contact me for research purposes. YES NO

HOW SHOULD WE CONTACT YOU? SMS TEL EMAIL

DEBIT-ORDER AUTHORISATION

SECTION C – MEMBERSHIP AUTHORISATION

I, the undersigned, hereby authorise the South African Police and Allied Workers Union (SAPAWU) to deduct from my account at the above bank the sum of R60.00. per month/per annum with effect from ..... - ..... - 20..... which covers my membership fee to SAPAWU and to continue deducting the said amount every month / annually until receiving further written notice.

I authorise the deduction of any banking costs arising from these instructions.
I agree to any banking costs arising from these instructions. I agree to any adjustments of the membership fees without prior notice.
I understand that membership fees are due to and collectable by SAPAWU while I am a member of SAPAWU

DATE:	**SIGNATURE:**	**PLACE:**

AUTHORISATION TO BANK

I / We hereby request and authorise you or your authorised agent to draw against my/our account with the above mentioned bank (or any bank/branch to which I/we may transfer my/our account) the amount necessary for the monthly premium due in respect of the above mentioned membership. All such withdrawals from my/our bank account shall be treated by you as though they have been signed by me/us personally.
I / We agree to pay the bank charges in connection with these instructions and the costs thereof in accordance with the South African clearing bank's tariff in force at the time.
I / We understand that:

- The withdrawals hereby authorised will be processed by computer;
- details of each withdrawal will be reflected on my/our bank statement or the accompanying voucher; and
- the obligation to ensure that you receive my/our monthly premiums remains with me/us, despite this debit order authorisation which is granted to you.

I /We undertake to satisfy myself/ourselves from time to time that the amount necessary for payment of the monthly premium due in respect of the above mentioned membership is duly drawn by you in terms of this debit order authorisation, and I/We hereby record that your acceptance of this debit order authorisation in no way places any onus on you to ensure that the monthly withdrawals of the amount reffered to herein are made.
This authorisation shall be in force and effect until it is cancelled by me/us by giving you 30 days' written notice by the registered post, but I/We understand that I/We shall not be entitled to any refund of any amount which you have withdrawn while this authority was in force, unless I/we can prove that any such amount were not legally owing to you. Receipt of this notice by you shall be regarded as receipt of the notice by my/our bank.