MEMBERSHIP APPLICATION FORM

DEMOCRATISED TRANSPORT LOGISTICS AND ALLIED WORKERS UNION

Address: 208-212 Jeppe Street, Marble Towers, 5th Floor, Office Number 09-12
Tell: 011338 9078/7, Fax: 011338 9036, Email: receptionist@detawu.org.za

MEMBERSHIP DETAILS

Province _____ Place of work _____

Company _____ Sector _____

Surname _____ Name _____

ID Number or Passport Number | | | | | | | | | | | | | |

Gender: Male Female

Contact Numbers _____ Employee Number _____ Gross Salary R _____

Department _____ Position _____

Next of Kin

Surname and Name _____ Contact Number _____

Company Details

Name _____

Postal Address _____ Contact No: _____

_____ Fax No: _____

Code _____ Email Address _____

I, the undersigned, hereby authorize my employer to deduct from my basic wage or salary subscription or levies payable by me to DETAWU or its successor in title "the union" in terms of section 13 of the Labour Relations Act 66 of 1995, amended "LRA". The amount of the union's subscription that I authorize the employer to deduct from my salary or wage is (a) the equivalent of 1.5% of my basic wage or salary; or (b) if the amount in (a) is less than R52.50 per month, then R52.50 per month or (c) if the amount in (a) is more than R90 per month, then R90 per month. Also I authorize the employer to deduct from my salary or wage and pay over to the union any further levies that the Central Executive Committee of the union decides upon.

The employer is required to pay all subscriptions and levies deducted from the wage or salary to the union's head office, whose address appears above, by no later than 7th day of each month, if the month following the date each deduction was made. The union may change its address from time to time.

I hereby authorize the employer to provide the union with information that is required by the Central Executive Committee of the union, including any information relating to employment and membership of the union. If cancel this authorization as a result of my resignation from the union, then I agree that the cancellation of this authorization will only become valid (a) four weeks after I have given the union written notification of my resignation from the union, and (after I have complied with all the relevant provisions of the union constitution, including clause 9.6.1 thereof

I hereby terminate any other authorization to the employer in terms of Section 13 of the LRA to deduct from my salary or wage subscription or levies for any other trade union(s).

Member's Signature: _____ **Witness Name:** _____

DATE: _____ **Witness Signature:** _____