



MEMBERSHIP APPLICATION FORM

LABOUR ADVICE BUREAU

[A Branch of the SA Parastatal and Tertiary Institutions Union]

PO Box 1952
WAPADRAND
0050

Tel: 012 807 1488
Fax: 012 807 4797
E-mail: info@saptu.co.za

I, the undersigned, hereby apply for membership of SAPTU, and accept all the conditions and limitations as set out in the contract.

TITLE: INITIAL[S]: SURNAME:.....

ID NUMBER:

ADDRESS:

POSTAL ADDRESS (If different):

TELEPHONE:..... CELL PHONE:

FAX: E-MAIL:

EMPLOYER:

SAPTU will do everything reasonably within its means to ensure that any dispute is handled on behalf of its members.

As a member of **SAPTU** I accept that an approved representative of **SAPTU** will be appointed to handle my dispute matters on my behalf and in the appropriate forum.

I agree and I undertake to pay the negotiated fee directly to the representative.

I further accept all responsibility in respect of any awards and/or judgments made in the appropriate forum, related to the dispute between me and my employer, and indemnify **SAPTU** in respect of any liability in this respect.

DEBIT ORDER

*I, the undersigned, will arrange with my bank to transfer the monthly amount of **R35.00** in to **SAPTU's** bank account.*

ABSA LYNNWOOD RIDGE
Account nr: 1630160649
Bank Code: 333 845

*Your **surname and initials**, together with the number **100**, must be used as a reference number on all deposits and on the debit order.*

SIGNATURE:

DATE: