



COMMUNICATION WORKERS UNION

MEMBERSHIP APPLICATION FORM

Email: membership@cwu.org.za :: Website: www.cwu.org.za

086-607-5040 to Fax Stop Orders:

Tel: (011) 838 8188

No. 29 Rissik Street, 3rd Floor, Cnr. Rissik & Fox Street, Johannesburg, 2001

Surname		First Name (s)	
ID Number	Gender	Marital Status	
Residential Address and Code			Province
Company Name, Address and Code			Province
Your Place of Work / Yard / Office Location Code			
Tel Number (Office)	Tel Number (Home)	Cellphone Number	
Date of Appointment	Occupation	Rank	
		Email	
Salary Ref/Clock Number		Monthly Basic Salary	
DECLARATION			
I, _____, do hereby agree to abide by the rules, policy and constitution of CWU.			
Signature: _____ Signature of Official: _____			

FOR OFFICE USE ONLY	
Membership No.: _____ Name of organiser: _____ Signature of organiser: _____	
Date of admission: _____ Signature of official: _____	

Membership will not be processed if ANY field is left blank. All information is treated with the utmost confidence.

STOP ORDER AUTHORISATION	
To: (Name of your Company) _____	
I, _____ the undersigned hereby authorise and request you to deduct an amount of 1% (a minimum of R35.00 but not exceeding R50.00) from my salary each month and remit to Communication Workers Union (CWU) No. 29 Rissik Street, 3 rd Floor, Cnr. Rissik & Fox Street, Johannesburg, 2001	
The first deduction is to be made on _____ and the amount to be deducted being my monthly subscription to the Union. I further hereby cancel with immediate effect any other request I may have made to you, to deduct subscriptions payable to any trade union/ association. This stop order can only be revoked on 30 days written notice to the Union.	
Signature: _____ Salary Ref/Clock No: _____ Date: _____	



Should this stop order be not processed within one (1) month please do not hesitate to call this office of the General Secretary or the President of CWU @ (011) 838 8188

Edit date:2006/05/16