



Public and Allied workers Union of South Africa

United to Protect, Organize and Serve

MEMBERSHIP APPLICATION

JOIN TODAY
PAWUSA fees R38!
Non Unionized Workers
pay R39.50!
WHY PAY MORE?

By joining **PAWUSA**, you will enjoy the following benefits !!!

Title: _____ Initials: _____
Surname: _____

Preferred First Name: _____

IDENTITY NUMBER: _____

Date Of Birth: DD ____/MM ____/YYYY ____

Language Preference:

English Afrikaans

Zulu Xhosa

Other: _____

Gender: Male Female

Marital Status:

Single Married

Divorced Widow/er

POSTAL ADDRESS:

Street /Box No.: _____

Suburb: _____

City /Town: _____

Postal Code: _____

Tele No.: (W) (_____) _____

Tele No.: (H) (_____) _____

CELL PHONE: _____

EMAIL: _____

FAX.: (_____) _____

SALARY/PERSAL NO: _____

Name Of Employer: _____

Department /Section: _____

Bag/ PO Box: _____

City/Town: _____

Postal Code: _____

- ✓ **LOW! LOW! FEES !!!**
- ✓ Funeral & Study Benefits
- ✓ **Regular Communication**
- ✓ Prompt Assistance
- ✓ **Campaigns for Protection of Women & Children**
- ✓ Important Labour News
- ✓ **Membership Card with benefits**
- ✓ Training & Education
- ✓ **Financial Advice**
- ✓ Participation in the Organization
- ✓ **AIDS Campaigns**
- ✓ Campaigns for Living Wage
- ✓ **PROCEDO Newsletter**
- ✓ Protection of Worker Rights
- ✓ **Dispute, Grievance & Disciplinary Representation**
- ✓ Associate Membership
- ✓ **Campaign against Poverty**
- ✓ Advancement of Worker Interests
- ✓ **Fight Discrimination & Racism**
- ✓ *Campaign for Job Security, Housing, & affordable Medical Aid*
- ✓ **Campaign for Equal Rights**

STOP ORDER AUTHORIZATION

The Manager /HR Dept – (Pay Office) _____
I, (Full Name) _____, (Rank) _____ (Salary Ref No) _____
The undersigned, do hereby apply for membership of **PAWUSA**, and authorize and request the Accounting Officer of my Department /Administration to deduct the amount of R _____ from my salary as membership fee to **PAWUSA** for the month of _____ 20____
and thereafter to continue such monthly deductions until my further written notice.

SIGNATURE: _____ DATE: ____/____/20____

Recruiter Signature: _____ Membership No: _____ Province: _____

Region: _____ Branch: _____

Recruiter Name: _____ Member/ Liaison Officer Number: _____ Captured: _____

CONTACT US! Tel 0214242055 Fax **0866862082** The General Manager, **PAWUSA**, PO Box 2759, Cape Town, 8000.

Share Call: 0860 109 426 Website www.pawusa.org.za Email membership@pawusa.org.za