MUNICIPAL and ALLIED TRADE UNION OF SOUTH AFRICA (MATUSA)

MEMBERSHIP APPLICATION FORM

EMAIL: membership@matusa.org.za

SECTION A: PERSONAL INFORMATION

MR	MRS	MS	SURNAME					
FIRST NAMES					INITIALS			
ID NUMBER					D.O.B	Y Y Y Y	M M	D D
GENDER	M	F			NEW MEMBER	YES	NO	

SECTION B: CONTACT DETAILS

Please note: A reliable address is needed to send your membership card to

POSTAL ADDRESS			
		POSTAL CODE	
TEL.NO (HOME)			
CELL NO			
E-MAIL ADDRESS			

SECTION C: DETAILS OF YOUR CURRENT EMPLOYMENT

Please tick the appropriate province	EC	FS	GAU	KZN	LP	NW	NC	MP	WC

MUNICIPALITY/EMPLOYER			
DEPARTMENT			
POSTAL ADDRESS OF EMPLOYER			
		POSTAL CODE	
TELEPHONE NUMBER			
STAFF NUMBER			

SECTION D: DECLARATION

I, the undersigned hereby join the MUNICIPAL and ALLIED TRADE UNION OF SOUTH AFRICA (MATUSA) as a member, and I hereby request:

1. That you deduct my remuneration in respect of subscriptions to the Union, an amount equivalent to 1% of my weekly/monthly remuneration, to a maximum of R65 monthly or whichever amount resolved by the Central Executive Committee from time to time.
2. That in the event a decision by the Union in terms of its Constitution, increasing the amount or opposing a levy, that such amount or levy be deducted from my remuneration.
3. I hereby revoke any previous authorisation for deductions on behalf of any other union or organisation.
4. I Undertake that I shall give 6 (six) weeks' notice of resignation to the above union before revoking this authorisation, and I shall duly inform my Human Resources office (salaries department) thereto.

Signature of Member:…………………………………………………… Date:………………………………………………………………..

Witness 1 : ………………………………………………………………… Witness 2 : ……………………………………………………….

FOR OFFICE USE ONLY			
Membership Number		Date joined	Y Y Y Y M M D D

RESIGNATION FROM UNION

To : HR department (Salaries)

…….
Municipality

Copy to : Provincial Secretary

Please tick appropriate block	SAMWU		IMATU		OTHER	IF OTHER PLEASE STATE NAME OF UNION

I, ……, Staff number: ……., from:
Name and Surname

……., ……., hereby resign from
Province *Municipality*

……., effective date,…… . Kindly stop any
Name of union

deductions to the abovementioned union.

Thank you in advance.

Signed :…….. Date :……

Witness 1 :…… Witness 2 :……