



MEMBERSHIP APPLICATION FORM A



SOUTH AFRICAN POLICING UNION

Private Bag X900, Pretoria, 0001, Tel : 0861 927278 - Fax (086) 7563431

Personal Details:

ID Number: _____ Date of Birth: _____

First Names: _____ Surname: _____

Initials: _____ Title: _____ Gender: _____ Marital Status: _____ Language: _____

Personal Contact Details:

Tel Number (____) _____ Cell (____) _____

Full home address : _____

Postal Address: _____

Employment Details:

Full name and address of employer: _____ Employee Number: _____

_____ Rank Held: _____

_____ Station/Unit: _____

_____ Region/Province: _____

_____ Code: _____ Tel Number: (____) _____

E-Mail Address: _____ Fax Number: (____) _____

I, the undersigned, hereby apply for membership of the South African Policing Union and undertake to uphold the provisions of the Union as set out in the Constitution.

SIGNATURE :

DATE :

Employee number : _____

STOP ORDER

Surname and Initials : _____

Telephone number : _____ ID number : _____

I request and authorise the Employer's Accounting Officer to deduct a single amount of R45,00 as admission fee and a monthly membership fee of R45,00 from my salary as from date of this application. The monthly deductions must continue until such time I cancel it in writing.

SIGNATURE

DATE :

For Office Use:

Full Name of Rep: _____ Persal Number: _____

Provincial Office: _____ Date: _____