



FUWO

Membership Application Form

Email: info@finuwo.org

PERSONAL DETAIL

ID number											
Initials		Gender			Female			Male			
Surname											
Full Names											
Race (Govt Statistics)			Coloured		Black		Indian		White		

CONTACT DETAILS

Tel (Work)		+27 ()			Tel (Home)		+27 ()				
Cell		+27 ()			Fax		+27 ()				
Email (Work)											
Email (private)											
Physical Address											
Postal Code											

EMPLOYER DETAILS

Company											
Department											
Employee number											
Job Grade											
Branch Code											
Cost Code											

WHERE DO YOU BANK

Bank Name											
Account number											
Branch Name											
Branch Code											
Account type											
Account type											

DEBIT AUTHORISATION *(Indicate where applicable)*

I agree to pay FUWO monthly subscription fee of R85.00 as determined by the Union from time to time and authorize FUWO to recover my subscriptions from my bank ACB Magtape.

I hereby authorize my employer to deduct my subscription fee of R85.00 to FUWO, from my salary each month as determined by FUWO from time to time.

Signature

Date

One month's notice required for cancellation

Signature

Date