

**THE SOUTH AFRICAN
PARASTATAL AND
TERTIARY
INSTITUTIONS UNION**



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Reg. LR2/6/2/1606

Application for Membership

I, the undersigned hereby apply for membership of SAPTU

Title:	
Surname:	
First Names:	
Name of Branch:	
Telephone:	
Mobile Number:	
Fax:	
Business Unit Name:	
Birth Date:	
Identity Number:	
E-Mail:	
Postal Address:	

STOP ORDER

As may be determined by the Constitution of SAPTU from time to time I hereby authorize HR (Salaries) to deduct membership fees from my salary each month for payment to SAPTU. This authorization can only be cancelled by written notice of one calendar month.

Signature: _____

Date: _____

For Official Use:

I certify that the above-mentioned person is a member of SAPTU and that his membership fee is R 45.00

GENERAL SECRETARY

Date: