



MEMBERSHIP APPLICATION FORM (FOR INDIVIDUALS)

PO Box 1952
WAPADRAND
0050

Tel: 012 807 1488
Fax: 012 807 4797
E-mail: info@saptu.co.za

I, the undersigned, hereby apply for membership of SAPTU.

TITLE: _____ INITIAL[S]: _____ SURNAME: _____

ID NUMBER: _____

ADDRESS: _____

POSTAL ADDRESS (If different): _____

TELEPHONE: _____ CELLPHONE: _____

FAX: _____ E-MAIL: _____

EMPLOYER: _____

SAPTU will do everything reasonably within its means to ensure that any dispute is handled on behalf of its members in the appropriate forum.

Your Membership can only be cancelled by a written notice of one calendar month.

DEBIT ORDER

I, the undersigned, will arrange with my bank to transfer the monthly amount of **R45.00** in to **SAPTU's** bank account.

ABSA – THE GROVE

Account nr: 1630160649

Branch Code: 632005

Your **surname and initials**, together with the number **100**, must be used as a reference number on all deposits and on the debit order.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE:

I certify that the above mentioned person is a member of SAPTU and that his membership fee is **R45.00**.

GENERAL SECRETARY: _____ DATE: _____