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REG. LR2/6/2/1606

APPLICATION FOR MEMBERSHIP (Branch Members)

I, the undersigned hereby apply for membership of SAPTU

Title
Surname
First Name(s)
ID number
Address
Postal address
Telephone
Cell phone
Email address
Branch name
Business unit

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.

STOP ORDER

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

_____ Date

_____ Signature

FOR OFFICE USE ONLY

I certify that the above mentioned person is a member of SAPTU and that the membership fee is R50.00.

_____ Date

_____ General Secretary