



REGISTERED TRADE UNION REG NO. LR 2/6/2/1499
 AFFILIATED TO FEDUSA

DEBIT ORDER

find us on | facebook follow us | twitter
 find us on | LinkedIn find us on | WhatsApp
+27 76 465 9183

Head Office:
 PO Box: 565, Florida 1710, South Africa
 42 Goldman Street, Florida 1709, South Africa
 Tel: 011 472 3600 Fax: 011 674 4057
 www.uasa.org.za | **UASA Call Center: 0861 008 272**

I hereby apply for membership of UASA as from the month of and undertake to pay my subscriptions monthly in advance, as applicable, and to abide by the Constitution and Rules of UASA at all times. I fully understand that UASA benefits are subject to the terms and conditions as may be decided upon by the National Executive Committee from time to time. I also understand that I may continue with my membership on retirement (subject to the rules) and that all membership rights lapse after one (1) month of non-payment of my subscriptions.

NEW / ACTIVE **WIDOW / ER** **CONTINUATION / PENSIONER MEMBER**

PLEASE PRINT

(Mr / Mrs / Ms) Surname: Full Names:
 Postal Address: Code:
 Home Address: Code:
 Tel. No. (H): Tel. No. (W):
 Cell No. E-mail:
 ID No. Date of Birth:
 Employer: Occupation/Position:
 Industry / Company No. Bureau No.
 Sector / Industry / Company: (eg. Gold, Motor, Retail, etc.)

NAMES AND BIRTH DATES OF SPOUSE AND CHILDREN

NAMES	BIRTH DATES
<input type="text"/>	Y Y Y Y / M M / D D
<input type="text"/>	Y Y Y Y / M M / D D
<input type="text"/>	Y Y Y Y / M M / D D
<input type="text"/>	Y Y Y Y / M M / D D
<input type="text"/>	Y Y Y Y / M M / D D

UASA / UFS and any of its accredited service providers may contact me for communication / marketing purposes: Yes No

Signature Of Member: Recruiter No:
 Date:

DETAILS OF ACCOUNT HOLDER

Account holder: Applicant 3rd party Account Holder's Name:
 ID number: Cell phone number:
 Name of Bank: Branch:
 Account Number: Branch Code:
 Type of Account: (E.g. Cheque, Savings, etc)

I hereby authorise UASA to debit my bank account with R on the day of each month for membership subscriptions payable to UASA – The Union. The first deduction should be made on the day of 20 . I also authorise the aforesaid debit order amount to be increased in line with UASA decisions to increase it from time to time. By authorising UASA – The Union to withdraw the aforesaid amount from my bank account on a monthly basis, I do not grant them the right to cede or assign any of their rights to a third party without my written consent.

Signature of account holder that hereby authorises the debit order deduction: Date: