



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

>STOP ORDER<

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 | [facebook](#) [twitter](#) [LinkedIn](#) **+27 76 465 9183**

[find us on WhatsApp](#)

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



UASA – STOP ORDER (Tear/cut off and send to Time Office)

I (First name / Surname): Industry / Employee / Salary no.
 hereby wish to inform you that I have joined UASA – The Union. Please deduct my membership subscription of R
 (or as adjusted from time to time), from my earnings on a monthly basis, and pay it over to UASA – The Union, P.O. Box 565, Florida, 1710
 on my behalf. I understand that this stop order may only be revoked by giving one month's written notice to you as my employer and to
 UASA – The Union. I hereby revoke all current stop orders in favour of any other trade union/s at the time of signing this document.
 Signature Of Member: Date: