



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

> DEBIT ORDER <

HEAD OFFICE:  
 PO BOX: 565, FLORIDA 1710, SOUTH AFRICA  
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 TEL: 011 472 3600 FAX: 011 674 4057  
 WWW.UASA.ORG.ZA | [find us on facebook](#)



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
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UASA / Fincents 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: