# Entertainment Catering Commercial And Allied Workers Union of S.A.

ORGANIZE OR STARVE
ECCAWUSA

PPLR2/6/2/68

## APPLICATION FOR MEMBERSHIP

SURNAME: _____     TITLE: Mr/Mrs/Miss

FULL NAMES: _____

ID NUMBER: _____     DATE OF BIRTH: | D | D | M | M | Y | Y | Y | Y |

RESIDENTIAL ADDRESS: _____

_____ CODE: _____ TEL NO: _____

COMPANY NAME: _____

BUSINESS ADDRESS: _____

_____ CODE: _____ TEL NO: _____

PROVINCE: _____ INDUSTRY: _____

EMPLOYMENT DATE: | D | D | M | M | Y | Y | Y | Y |     EMPLOYEE NO: _____

POSITION: _____

DEPARTMENT: _____

SIGNATURE: _____ DATE: | D | D | M | M | Y | Y | Y | Y |

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### STOP ORDER

THROUGH THE SECRETARY

ENTERTAINMENT, CATERING, COMMERCIAL & ALLIED WORKERS UNION OF SA

P.O. BOX 7480, JOHANNESBURG, 2000

MESSRS: _____

(EMPLOYER'S NAME AND ADDRESS)

DEAR SIR/MADAM

I, _____, EMPLOYEE NO: _____,
HEREBY AUTHORISE YOU TO DEDUCT, PER MONTH, AN AMOUNT OF **R60.00 (SIXTY RAND)** UNION SUBSCRIPTION/LEVY FOR MEMBERSHIP OR ANY FURTHER AMOUNT AS MAY BE DECIDED BY THE UNION.

I FURTHER REVOKE AND CANCEL ANY PREVIOUS AUTHORISATION FOR

DEDUCTIONS IN RESPECT OF ANY OTHER UNION.

YOURS FAITHFULLY

SIGNATURE: _____ WITNESS: _____

DATE: | D | D | M | M | Y | Y | Y | Y |

## BANK DEBIT ORDER

| ACCOUNT TYPE: | SAVINGS | TRANSMISSION | CURRENT | CHEQUE |
|---|---|---|---|---|

FULL NAMES: _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____

FIRST PAYMENT DUE ON | D | D | M | M | Y | Y | Y | Y |

BANK NAME: _____

BRANCH: _____ BRANCH NO: _____

ACCOUNT NUMBER: _____

I/WE,_____
(ACCOUNT HOLDER'S NAME), HEREBY REQUEST ECCAWUSA TO DRAW **R60.00 (SIXTY RAND)** AGAINST MY/OUR ACCOUNT, WHICHEVER BANK IT PRESENTLY MAY BE AT AND I/WE REQUEST MY/OUR BANK, WHICHEVER IT IS OR WILL BE, TO DEBIT MY/OUR ACCOUNT WITH SUCH AMOUNT DRAWN AGAINST IT BY ECCAWUSA IN TERMS OF THE REQUEST.

I UNDERSTAND THAT ECCAWUSA WILL INFORM ME IF THE AMOUNT QUOTED ABOVE IS ALTERED.

SIGNED AT _____, ON THIS _____ DAY OF 20_____.

SIGNATURE(S): _____

ASSESSED BY: _____ CAPACITY: _____