



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

LR2/6/2/68

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
---	---	---	---	---	---	---	---

.....
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
---	---	---	---	---	---	---	---



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

LR2/6/2/68

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
---	---	---	---	---	---	---	---

.....
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
---	---	---	---	---	---	---	---