



SANFOSAWU

SOUTH AFRICA IS NOT FOR SALE WORKERS UNION
REF NUMBER: LR 2/6/2/3646



EDUCATION & ALLIED MEMBERSHIP FORM R100

NAME/S: _____ SURNAME: _____

ID NO _____ MARITAL STATUS _____ CELL NO _____

PHYSICAL/HOME ADDRESS: _____ EMAIL _____

RELATIVE: _____ CONTACT _____

DEPT/SCHOOL NAME: _____ WORK AS _____

PERSAL NO _____ WORKING HOURS _____ WORK TEL NO _____

WORK ADDRESS _____ EMAIL _____

PROVINCE _____ **REGION** _____ **SUB-REGION/ ZONE** _____

CANCELLATION OF PREVIOUS STOP ORDER DEDUCTION.

I hereby request _____ to cancel _____ stop order deduction with immediate effect. The continued deductions of R _____ subscriptions on my salary would disadvantage me since I am no longer willing to continue paying the _____ subscriptions. It is my belief that my rights in this respect will be observed.

SANFOSAWU BENEFITS: representation at bargaining councils, at CCMA and at labour court. SANFOSAWU will in the event of loss of employment continue to cover the member for a maximum period of six (6) months following, dismissal, or termination of employment subject to subscription being up to date. For our funeral cover benefits please see the table below. It remains the responsibility of a member to ensure that beneficiary/s details are always up to date. Only members in good record shall enjoy the right to participate in any of the SANFOSAWU engagement/s.

Member Funeral benefits 6 months waiting period	SPOUCE	10Yrs-21yrs	1Yr- 9Yrs	0- 11 Months
Plan-A R80	15 000	10 000	5 000	500
Plan-B R100	25 000	12 000	7 000	1500
Plan-C R120	40 000	15 000	10 000	3000
Name.	Name.	Name.	Name.	Name
ID	ID.	ID.	ID.	ID

SANFOSAWU member authorizes the employer to deduct his or her monthly subscription fee of R80 and pay it to the following bank account: Name: South Africa is Not for Sale FNB Cheque Acc no: **63114124257** Branch Code: 210835

Signed at: _____ on this date: _____ of _____ 202

Signature _____