



South African Democratic Teachers' Union

APPLICATION FOR MEMBERSHIP



South African Democratic Teachers' Union (SADTU)

P.O. Box 6401
Johannesburg 2000
Tel: (011) 331-9586/7/8/9

1. APPLICANTS PARTICULARS

▼TITLE ▼INITIALS ▼SURNAME

Prof.Dr.Mr.Mrs.Miss.Ms ▼FIRST NAMES

Y Y M M D D ▼IDENTITY NUMBER

◀ Date of Birth

▼POSTAL ADDRESS

▼SUBURB ▼CITY/TOWN ▼POSTAL CODE

▼TELEPHONE No. (Home) ▼TELEPHONE No. (Work)

2. NAME OF SADTU REGION AND BRANCH

▼BRANCH

▼REGION

PLEASE FORWARD TO:
THE GENERAL SECRETARY
P.O. BOX 6401
JOHANNESBURG
2000

3. NAME OF DEPARTMENT, SCHOOL AND SCHOOL ADDRESS

3.1 Department:.....

3.2 School:

▼SALARY REF. No. ▼RANK (e.g. teacher, HOD etc) ▼SCHOOL PAYPOINT No.

I hereby agree to abide by the constitution of the South African Democratic Teachers' Union

Signature..... Date:.....

4. FOR OFFICE USE ONLY

▼MEMBERSHIP NUMBER ▼DEPT ▼PAYPOINT NUMBER ▼REGION ▼BRANCH ▼MEMBER TYPE ▼DATE JOINED

Y Y M M D D

STOP ORDER AUTHORISATION

The Accountant/Secretary – (address of Department)

▼RANK (e.g. teacher HOD etc)

▼SALARY REFERENCE NUMBER

I, the undersigned, hereby apply for membership of the South African Democratic Teachers' Union (SADTU) and authorize and request the Accounting Officer of my Department/Administration to deduct

the amount of R from my salary as membership fee to SADTU for the month of 19and thereafter to continue such monthly deductions until my further written notice.

Full Name:.....

Address of Member:.....

Work Address:.....

Date of Birth: Title:.....

Identity Number:.....

Signature

Date

PAYPOINT NUMBER