BWAWUSA MEMBERSHIP APPLICATION FORM

Reg No.: LR2/6/2/894

Tel: +27 21 948 2664/1
Fax: +27 21 948 3385 / +27 86 666 0822
WhatsApp: +27 60 677 5878 / +27 76 912 0233

Email: info@bwawusa.org
bwawusa@workmail.co.za

Head Office: 68 Durban Road
Van der Stel Building
4th Floor, Bellville, 7530

Head Office: P.O Box 561
Bellville, 7535

MEMBER PERSONAL INFORMATION

Title | ID Number: | Date of Birth: | Gender: M F

First Names:

Surname: | Language:

Marital Status: | Number of Dependants:

Physical Address: | Postal Address:

Postal Code: | Postal Code:

CONTACT DETAILS

Tel Number (work): | Cell Number:

Tel Number (home): | Alt Cell Number:

Email Address:

EMPLOYMENT INFORMATION

1. Employer Name:

2. Persal No / Clock No | 3. Occupation (e.g. nurse)

Employer Address: | 4. Province:

Monthly Salary: | Frequency: Monthly

Postal Code: | City:

BWAWUSA COMPULSORY FUNERAL PLAN

Member	Spouse	Children's Cover		
		14-26 Years	6-13 Years	Stillborn-5 Years
R12,500	R8,000	R8,000	R5,000	R2,500

DEPENDENT DETAILS

SURNAME	FIRST NAME	ID No	M/F	RELATIONSHIP
SPOUSE				
CHILD 1				
CHILD 2				
CHILD 3				
CHILD 4				
CHILD 5				

NOMINATED BENEFICIARY – if the Main Member passes away

RELATIONSHIP	SURNAME	FIRST NAME	ID NUMBER

INCLUDES ASSIST BENEFITS:

- Legal Assist
- Trauma & Assault Assistance
- HIV Prevention Cover
- Repatriation

SUBSCRIPTION PAYMENT DETAILS

Payment Method Debit Order | Cash | Persal | Persal No. | Frequency Monthly | Weekly | Forthightly

If you pay by Debit please complete your Banking Details. (The short description which will be noticed on your bank statement: Infusion)

Account Holder | Bank Name

Branch Name | Branch Name/Code

Account Number | Account Type | Deduction Date

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STOP ORDER DEDUCTION

To ..... I .....
hereby authorize you to deduct **R40 or 1% (one percent)** whichever is greater from my income each month and be credited into the Unions Account within 5 days of the beginning of each month on the following conditions:

1. The deductions, which are made in respect of my monthly subscriptions, will be made in accordance with the current subscription rate subject to changes of which you will be duly informed.
2. Cancellation of this authorisation is subject to the provision of the Unions constitution and section 13 of the labour relations act of 1995.
3. I hereby revoke any previous authorisation for deductions in respect of any Union or staff association.
4. Conditions of Membership: I agree to abide by the rules and constitution of BWAWUSA and I authorize BWAWUSA to act in all matters of my employment relations including negotiations and improvement and protection of my working rights and conditions.
5. I further agree for an additional amount of R23 to be deducted for my Unions Funeral Benefit.

Signed at:_____

on this _____ day of_____20____

X
Signature of Member

FOR OFFICE USE ONLY

Recruiter Name

Designation

ID Number:

VA Cell Number

Cell Phone Number

Landline

E&OE

BWAWUSA EXISTING MEMBERS ADDENDUM FORM

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R12,500	R8,000	R8,000	R5,000	R2,500

DEPENDENT DETAILS

SURNAME	FIRST NAME	ID No	M/F	RELATIONSHIP
SPOUSE				
CHILD 1				
CHILD 2				
CHILD 3				
CHILD 4				
CHILD 5				

NOMINATED BENEFICIARY – if the Main Member passes away

RELATIONSHIP	SURNAME	FIRST NAME	ID NUMBER

INCLUDES ASSIST BENEFITS:

- Legal Assist
- Trauma & Assault Assistance
- HIV Prevention Cover
- Repatriation

ADDENDUM FOR EXISTING MEMBER

I hereby agree for an additional amount of R23 to be deducted from my salary in addition to my BWAWUSA Membership fee for my Union Funeral Benefit.

Signed at:_____

on this _____ day of_____20____

X

Signature of Member