



# AFADWU

Organise or Starve  
Agricultural Food and Allied Democratic Workers Union

Head Office  
Gauteng

## MEMBERSHIP APPLICATION FORM

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ ID Number: \_\_\_\_\_ Gender: MALE | FEMALE  
Home Address: \_\_\_\_\_ Code: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Date of Engagement: \_\_\_\_\_ Job Description: \_\_\_\_\_  
Department: \_\_\_\_\_  
Employee/Clock Number: \_\_\_\_\_ Branch: \_\_\_\_\_  
Province: \_\_\_\_\_ Sector: \_\_\_\_\_  
Other Skills: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

----- - please tear this part off-----

### STOP ORDER

#### MESSRS:

Name and Address of Employer: \_\_\_\_\_

Through: The General Secretary

### Agricultural Food and Allied Democratic Workers Union

20 Albert Street, 13<sup>th</sup> Floor Braam Fischer Towers, Marshal Town, Johannesburg, 2107

Dear Sir/Madam

I (full name) \_\_\_\_\_ (employee no) \_\_\_\_\_ being a member of the above trade union, hereby request you to deduct 1.4% from my salary/wage per month provided that such amount shall not be less than R 35.00 and shall not exceed R90.00 per month or such other amount as may be determined from time to time according to the union's constitution, in respect of my subscription to the union. I hereby cancel any other request I may have made for subscription deduction payable to any other trade union. I undertake that I shall myself give 4 weeks written notice of resignation to the union before cancelling this authorisation.

Yours Faithfully

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness \_\_\_\_\_

Braam Fischer Towers: 13<sup>th</sup> Floor, 20 Albert Street, Marshal Town, Johannesburg 2107  
PO Box 1544 Rosettenville, 2190  
Tel: +277 10 110 0920, +277 11 492 0102 | Fax: +277 11 492 0128 | www.afadwu.org.za

AFADWU Registration No: LR 2/6/2/2705 | AFADWU is a registered trade union