



## Numsa Membership Application Form

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Cell No: \_\_\_\_\_

Address: \_\_\_\_\_

Identity Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Male  Female

Marital status: Single  Married  Divorced  Never married

Rate per hour: \_\_\_\_\_

<b>Working hours:</b>	Per day	
	Per week	

<b>Choose one (X):</b>	Permanent	
Part-time	Fixed term	
Casual	Contract	

Name, address, phone number of company where you work: \_\_\_\_\_

Department: \_\_\_\_\_ Job title: \_\_\_\_\_

Job grade: \_\_\_\_\_ Clock no: \_\_\_\_\_ Contact no. of a close friend/ relative: \_\_\_\_\_

### Sign the stop order form below so your employer can deduct from your wages

If you want to join Numsa, then fill in the stop order form below. This form instructs your employer to deduct union subscriptions of 1% of your basic wage and send them to:

- Numsa membership department, **OR**
- If you work for a motor company that falls under Mibco, your company must send your subscription to Mibco PO Box 4616 Randburg 2125. Phone: 011-369 7500, Fax 086 673 3176
- **Please also fax** your completed form to your Numsa region or to Numsa Head Office - 011-833 6408

### AUTHORISATION FOR DEDUCTIONS OF NUMSA UNION SUBSCRIPTIONS - STOP ORDER FORM

TO: \_\_\_\_\_ (company name)

I, (name and surname): \_\_\_\_\_ ID Number: \_\_\_\_\_

Clock No: \_\_\_\_\_ do hereby revoke my membership of any other trade union and hereby request and authorise you to deduct 1% from my basic wage, this being my subscription to the National Union of Metalworkers of South Africa (Numsa). This amount may be varied from time to time by the said Union. Such varied amounts will be advised to you and deduction thereof is authorised by this stop order. I further request you to submit such deductions to:

- Numsa membership department, via EFT or bank transfer. Phone: 011-689 1700, Fax 011-833 6408 for details **OR**
- Because I fall under Mibco, with the monthly Micfa Returns to Mibco in Randburg.

Cancellation of this authorisation will take place in terms of the Union's Constitution.

Date joined: \_\_\_\_\_ Signature: \_\_\_\_\_ Union Number: \_\_\_\_\_  
(Official use only)

### Funeral benefits – fill in your dependants so your family can be covered

As soon as your first stop order is deducted, you, your spouse (or your life partner) and your children under 18 are entitled to funeral benefits from Doves. **Tel: 0860 11 22 88**. For details of the benefits you will receive, ask your shop steward or nearest Numsa office. Give your details, your spouse's (or your life partner's) and your children's below. You must fill this in. If you don't, they cannot receive the funeral benefit. **(NB - The funeral scheme does not cover your parents, siblings. Contact Numsa Financial Services (NFS) - 011 783 3578 to get cover)**

	Principle beneficiary	Additional Beneficiary 1	Additional Beneficiary 2	Additional Beneficiary 3
First name				
Middle name				
Surname				
Gender				
Title				
ID Number				
Date of birth				
Relationship to member				

**PLEASE MAKE A COPY OF THE ENTIRE FORM AND SEND TO THE EMPLOYER – DO NOT DETACH!**