



Labour Is Entitled To Everything It Creates

E – mail: apsaup@gmail.com / info@apsa.org.za | Office: (012) 429 3882
| Mobile: 083 644 5666 | Fax: 086 546 0066

APPLICATION FOR MEMBERSHIP and UNION MEMBERSHIP DEDUCTION AUTHORISATION FORM “A”

I, the undersigned, wish to become a member of the Academic and Professional Staff Association. I hereby authorise the employer to deduct, on a monthly basis, from my salary the amount determined by the Association at its Annual General Meeting.

AANSOEK OM LIDMAATSKAP en VAKBOND LIDMAATSKAP AFTREKKING MAGTIGING FORM

Ek, die ondergetekende, doen hiermee aansoek om lidmaatskap van die Akademiese en Professionele Personeel Vereniging. Ek magtig die wergever om, op 'n maandelikse basis, die bedrag soos vasgestel deur die Vereniging op sy Jaarlikse Algemene Vergadering, van my salaris af te trek.

Name:Surname:Title:

Department:Building:Office No.....Tel:.....

E-mail: Cell No:.....

Employee Number:ID Number:

Signature:Date/ Datum:

Signature of APSA NEC:

Amount – R85, 00/ month: S / C / G / CF, Etc

PLEASE PHONE 083 644 5766, or TO ARRANGE FOR COLLECTION OF THIS FORM.



APSA is a founding member and a full affiliate of South African Federation of Trade Union (SAFTU)