



Labour Is Entitled To Everything It Creates

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APPLICATION FOR MEMBERSHIP and UNION MEMBERSHIP DEDUCTION AUTHORISATION FORM

I, the undersigned, wish to become a member of the Academic and Professional Staff Association (APSA) trade union. I hereby authorise the employer to deduct, on a monthly basis, from my salary the amount determined by the union as per its resolution of its conference.

Name:Surname:Title:.....

Company Name:Building:

Office Tel No:Department:.....

Tel: E-mail:

Cell No:

Employee Number:

ID Number:

Signature:

Date:

Name of Recruiter :.....

Signature of APSA NEC:.....

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

PLEASE PHONE (012) 343 6188 ,083 644 5766 / 5666, or TO ARRANGE FOR COLLECTION OF THIS FORM. E – mail: admin@apsa.org.za



APSA is a founding member of the South African Federation of Trade Unions