

APPLICATION FOR HOSPERSA MEMBERSHIP

■ A COPY OF THIS APPLICATION MUST BE GIVEN TO HOSPERSA PROVINCIAL OFFICE TO BE COMPUTERISED. ■ (Please complete in printed black ink.)



HOSPERSA PROVINCIAL OFFICES

Eastern Cape	Tel (043) 721 3595	Fax (043) 721 2327	Free State	Tel (051) 448 4659	Fax (051) 448 4670
Gauteng	Tel (012) 664 1285	Fax (012) 664 1749	KwaZulu Natal	Tel (033) 342 6847	Fax (033) 394 5768
Limpopo	Tel (015) 295 3272	Fax (015) 295 4514	Mpumalanga	Tel (013) 752 6199	Fax (013) 755 2680
Northern Cape	Tel (053) 842 2001	Fax (053) 842 2003	North West	Tel (018) 462 3692	Fax (018) 462 1362
Western Cape	Tel (021) 595 3640	Fax (021) 595 3644			

I HEREBY APPLY TO BE ADMITTED AS A MEMBER OF THE HEALTH AND OTHER SERVICE PERSONNEL TRADE UNION OF SOUTH AFRICA (HOSPERSA) AND I SHALL ABIDE BY THE CONSTITUTION AS WELL AS ANY AMENDMENT THERETO.

MEMBERSHIP NUMBER

PRIVATE PUBLIC

SURNAME

TITLE (eg Dr, Mr, Mrs, Miss)

 INITIALS

FIRST NAMES

IDENTITY NO.

 Date of birth

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POSTAL ADDRESS

POSTAL CODE

CONTACT TEL NO

CELL NO

E-MAIL ADDRESS

EMPLOYMENT DETAILS:

PERMANENT TEMPORARY

If on contract – period:

EMPLOYER

PLACE OF EMPLOYMENT

EMPLOYER ADDRESS

TOWN/CITY

 POSTAL CODE

RANK/OCCUPATION

SALARY/PERSAL NO

 PAY POINT NO

STOP ORDER

I _____ the undersigned, hereby authorise HOSPERSA / MY HR DEPARTMENT to implement the following deduction on the **Persal / Salary** system and to deduct my monthly membership fees calculated as follows: 1.1% of gross salary with a minimum of R35.00 to a maximum of R55.00 (or any such amount as may be determined by the National Executive Committee of the Trade Union) from my salary (above salary/persal number), as from _____.

I understand that three (3) months (for Public Sector) and one (1) month (for Private Sector) written notice of resignation is required prior to terminating my membership and this stop order.

Where private payments are made into Hospersa's banking account, proof of payment must be faxed to the respective Hospersa provincial office, reflecting the following information: Name, surname, member no, identity no, contact details and period for which payment is made.

HOSPERSA'S BANKING DETAILS: STANDARD BANK, CHEQUE ACC NO 013121235 BRANCH: GEZINA, BRANCH CODE 01484500

SIGNATURE OF APPLICANT _____ DATE SIGNED

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■ PLEASE NOTE: This application form must be signed and dated by the applicant, irrespective of whether the stop order is utilised.

RECRUITER DETAILS

RECRUITER NAME

RECRUITER ID NO/DATE OF BIRTH

RECRUITER MEMBERSHIP NUMBER