

## 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) 722 3776 | Fax (043) 722 3766 | Free State    | Tel (051) 448 4659 | Fax (051) 448 4670 |
| Gauteng                      | Tel (011) 791 2238 | Fax (011) 791 2244 | 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) 591 9283 | Fax (021) 591 3803 |               |                    |                    |

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**  *\*For office use*

DO YOU INTEND CANCELLING YOUR PRESENT UNION?  YES  NO. If yes, notify your present union and employer in writing immediately and keep proof.

**PRIVATE**  **PUBLIC**

SURNAME

TITLE (eg Dr, Mr, Mrs, Miss)  INITIALS

FIRST NAMES

IDENTITY NO  Date of birth  -  -

POSTAL ADDRESS

POSTAL CODE

TELEPHONE Work  -  Home  -

CELL NO  Work Fax  -

E-MAIL ADDRESS

### EMPLOYMENT DETAILS:

Permanent  Temporary

If on contract – period (from – to):  -  - 2 0 to  -  - 2 0

Place of employment:

Rank/Occupation:

Salary / Persal No:  Pay Point No:

**CONSENT:** I consent to HOSPERSA marketing products, services and special offers to me. HOSPERSA may share my personal information within HOSPERSA and with businesses that provide special advances to HOSPERSA members, for marketing purposes. HOSPERSA may also contact me for research purposes  YES  NO. Indicate preferred method of contact:  SMS  EMAIL  PHONE

**STOP ORDER:**

I \_\_\_\_\_ the undersigned, hereby authorise **HOSPERSA / MY EMPLOYER** 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 to a maximum of **R91.00** (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); or one (1) month's (for Private Sector) written notice of resignation to my employer and HOSPERSA is required prior to terminating my membership and this stop order. I understand that membership fees are due and collectable by HOSPERSA while I am a member of HOSPERSA.

**PRIVATE PAYMENTS:** A fee of **R91.00** pm is applicable with a minimum payment for 6 months. Proof of all payments/ bank deposits must be faxed to **086 524 8406**, clearly reflecting the following information:

Name  Surname  Membership number  Identity number  Contact Details  Period for which payment is made

**HOSPERSA'S BANKING DETAILS: ABSA BANK, ACC NO 4091574717, BRANCH CODE 632005**

SIGNATURE OF APPLICANT ..... DATE SIGNED .....20 .....

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

### RECRUITER DETAILS:

(Please complete a Recruiter Registration Form (Form 8.2) if you are a first-time recruiter or if your banking details have changed.)

RECRUITER NAME

RECRUITER ID NO

RECRUITER MEMBER NO  CONTACT TEL NO

