

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 Care Worker Temporary Student Nurse

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 **R97.00** or a fixed monthly fee of **R35.00** for Care Workers and Student Nurses only (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 **R97.00 pm** or **R35.00 pm** for Care Workers and Student Nurses only, 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 SIGNED20

■ 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