

NATIONAL UNION OF FURNITURE AND ALLIED WORKERS OF SOUTH AFRICA

REGISTRATION NO.LR2/6/2/89

**SOUTHERN REGION
CAPE TOWN BRANCH**

9 Maritz Street
Kemperville
Bellville
7530

P.O.Box 1543
Sanlamhof
7532



TEL : (021)-948 5872

FAX : (021)-948 4254

Mail to: info@nufawsa.org.za

APPLICATION FOR MEMBERSHIP

Surname: First Names:

Name of Company: Cell No:

STOP ORDER AUTHORISATION

I, I.D. No:

hereby authorise my Employer

to deduct the amount of R..... per week from my wages and remit same to the offices

of the **National Union of Furniture and Allied Workers of South Africa** on a monthly basis. This

instruction supersedes, revokes and cancels any previous stop order in favour of any other Trade Union

or similar Organisation. I agree that the above amount may be varied from time to time by the **National**

Union of Furniture and Allied Workers of South Africa. Such varied amounts will be advised to you

and deduction thereof is authorised by this stop order. I agree that cancellation of this stop order will

take place in terms of the said Union's Constitution, which requires a 4(four) week notice period.

Signature: **Date:**

Recruitment Officer: