



REGISTERED TRADE UNION REG NO. LR 2/6/2/1499  
 AFFILIATED TO FEDUSA

> DEBIT ORDER <



HEAD OFFICE:  
 PO BOX: 565, FLORIDA 1710, SOUTH AFRICA  
 42 GOLDMAN STREET, FLORIDA 1709, SOUTH AFRICA  
 TEL: 011 472 3600 FAX: 011 674 4057  
 WWW.UASA.ORG.ZA | [find us on facebook](#)

HEAD OFFICE:  
 POSTNET SUIT 165,  
 PRIVATE BAG X9, MELVILLE, 2109  
 E-MAIL: ADMIN@SAGUILDFACTORS.CO.ZA  
 INTERNET: WWW.SAGUILDFACTORS.CO.ZA



Dear Sir / Madam

I hereby apply for membership of UASA as from the month of  and undertake to pay my subscriptions monthly in advance, as applicable, and to abide by the Constitution and Rules of both UASA and SAGA at all times. I fully understand that UASA benefits are subject to the terms and conditions as may be decided upon by the National Executive Committee from time to time. I also understand that I may continue with my membership on retirement (subject to the rules) and that all membership rights lapse after one (1) month of non-payment of my subscriptions.

PLEASE PRINT

(Mr / Mrs / Ms) / Surname:  Full Names:   
 Postal Address:   
 Code:   
 Tel. No. (H):  Tel. No. (W):   
 Cell No.:  E-Mail:   
 ID No.:  Date of Birth:

Please tick the following where applicable: UASA/Fincents/SAGA and any of its accredited service providers may contact me for marketing purposes: YES  NO

To accompany the Debit Order Form. Please provide a brief summary of your most recent work in the space below.

NAMES AND BIRTH DATES OF SPOUSE AND CHILDREN

NAMES	BIRTHDATES
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

YOUR BANK DETAILS

Name of Bank:  Branch:   
 Account Number:  Branch Code:   
 Type of Account:  Account Holder's Name:   
*(E.g. Cheque, Savings, etc)* *(If different from applicant)*  
 Signature of member for membership application and debit order authorisation:  Date:

I hereby authorise UASA to debit my bank account with R  on the  day of each month for membership subscriptions payable to UASA – The Union. The first deduction should be made on the  day of  20 . I also authorise my membership fee to be increased in line with membership subscription increases from time to time. By authorising UASA – The Union to withdraw my membership fee from my bank account on a monthly basis, I do not grant them the right to cede or assign any of their rights to a third party without my written consent.

*This authorisation shall be terminated by either party giving 7 (seven) days written notice thereof.*