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**SAEPU**  
SOUTH AFRICAN EMERGENCY PERSONNEL'S UNION  
WE FIGHT WHAT YOU FEAR

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## SAEPU MEMBERSHIP APPLICATION FORM

Private: .....Public: .....  
Surname:.....Initials:.....  
Title (Mrs., Mr., Miss): .....  
First names: .....  
Id no:.....Date of birth:.....  
Postal Address: .....  
Postal code: .....  
Contact no: Work: ..... Home: .....  
Cell no:.....Work fax no:.....  
E-mail Address: .....  
Municipality/District: .....

### Employment Details

Permanent: .....Temporary: .....  
If on contract-period: Date engaged: .....till.....  
Employer: .....  
Employer Address: .....Postal Code: .....  
Town/City: .....  
Rank/Occupation: .....  
Salary/Persal: ..... Pay point: .....  
Station: .....

### Stop Order

I .....the undersigned, hereby authorize the accountant of the department/administration to implement the following deduction on my persal/salary system and deduct my monthly membership fee of R145.00 to SAEPU.I hereby apply to be a member of the SAEPU personnel, South African Emergency Personnel Union and I shall abide by the constitution as well as any amendment thereof.

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 utilized.

### OFFICE USE ONLY

Date of deduction: .....  
Membership no: .....  
Recruiter details: .....  
Province: .....

# CANCELLATION OF MEMBERSHIP

DEPARTMENT/DISTRICT OF: \_\_\_\_\_

DISTRICT AND STATION: \_\_\_\_\_

Human Resource Management/Menslike Hulpbronbestuur

APPLICATION TO CANCEL MY TRADE UNION MEMBERSHIP

I \_\_\_\_\_ persal no. \_\_\_\_\_ Hereby authorize you to terminate my membership of the union/s mentioned below.

I am aware of the requirements that a three months notice period for cancellation is required.

Cancel my union membership of: \_\_\_\_\_

I hereby declare that I have given notice to the union of my cancellation of membership.

Date of notice: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE/HANDTEKENING

\_\_\_\_\_  
DATE/DATUM