COWUMA MEMBERSHIP REGISTRATION FORM (K200)

PERSONAL **FORM** NO.....

NAME OF OFFICER.....DATE OF BIRTH..... Gender:.....

EMPLOYER:.....JOB TITLE.....EMP.NO.....

DEPT.....WORK ADDRESS.....

WORK TELEPHONE.....FAX.....E-MAIL.....

PERSOAL: MOBILE.....EMAIL.....

BASIC PAY.....EMPLOYTMENT DATE.....UNION JONING DATE.....

SIGNATURE .....MEMBERSHIP NO.....

OFFICIAL SIGNATURE.....DATE.....

OFFICIAL USE.....

INDIVIDUAL MEMBER'S STOP ORDER AUTHORISATION FORM

DATE :.....

TO : The Human Resources/Finance Manager or Director

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SUBJECT : STOP ORDER AUTHORISATION FORM

In line with the COWUMA Constitution under Article IV(8.1) and Labour Relations Act No.16 of 1996 (or as amended from time to time) in section 36, I write to confirm my membership to COWUMA and hereby Authorize the deduction of 1(one)% from my Basic pay to be remitted to COWUMA by the end of every month. The deduction will be effective starting from the month of .....

Member's Name:.....

Signature:.....
