

NATIONAL WORKERS UNION
APPLICATION FORM

NAME:

AGE: Date of Birth: ----/----/----- Gender: Male: Female:

HOME ADDRESS

TELEPHONE NUMBER: Home-----Cell: _____ Work: _____

OCCUPATION ----- EMPLOYER

NEXT OF KIN

NEXT OF KIN'S ADDRESS

ENTRANCE FEE \$ -----UNION DUES (weekly)

APPLICANT'S SIGNATURE ----- NWU OFFICIAL

NATIONAL WORKERS UNION
AUTHORISATION FORM

I -----hereby authorize the paymaster of
----- to deduct the sum of \$ ----- or any other
sum which may be stipulated from time to time by the Congress of Delegates or
Central Committee of the National Workers Union, from my weekly / fortnightly /
monthly wages for union dues.

In the event of my wanting to cease membership and stop union dues deduction, I
hereby agree to obtain, fill out and sign the prescribed form, get it certified by a
union official, and forward the same to the Paymaster or Management. All
authorization and cancellation forms will be provided by the Union.

NWU Official

Worker's Signature