

NATIONAL WORKERS UNION APPLICATION FORM

NAME: _____

AGE: _____ Date of Birth: ____/____/____ Gender: Male: ____ Female: _____

NIC#: _____ E-MAIL ADDRESS: _____

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