YOUNG NURSES INDABA
TRADE UNION
UNITE . RESTORE . EMPOWER

Tel: 011 492 1537 | Cell: 064 867 9743 | Fax: 086 518 7973 | Email: membership@ynitu.org.za
Website: www.ynitu.org.za | Facebook: http://facebook.com/youngnursesindaba | Twitter: http://twitter.com/nursesindaba

Physical Address: 23 Loveday Street | 508 Howard House | Marshalltown | Johannesburg | 2001

Postal Address: Young Nurses Indaba Trade Union | PostNet Suite #421 | Private Bag x1510 | GLENVISTA | 2058

APPLICATION FOR MEMBERSHIP & DATA UPDATE

I,_____ _____ _____
Title Name Surname

would like to join **YOUNG NURSES INDABA TRADE UNION (YNITU)**. I agree to abide by the rules, code of conduct and the constitution of the trade union. I undertake to be a member in good standing by paying subscriptions monthly.

_____ _____
Persal Number | Employee Number SANC Number

_____ _____
Signature Date

Province		Region	
Institution		Rank	
Race		Gender	
ID		Passport	
Date of Birth	year / month / day		
Cell			
Tel (H)			
Tel (W)			
Fax			
Email			

Qualifications

Qualification	College/ University	Date	
		Month	Year

Employer: (Please Tick) ✓

Public Sector		NGO/NPO	
Private Sector		Corporate	
Private Practice		RWOPS	

Physical Address

Postal Code:

Postal Address

Postal Code:

Subscription: Bank Debit Order Payment Details

Account No	
Branch Code	
Account Holder	
Bank Name	
Account Type	
Deduction Date	

*Information contained in the **YNITU** database including that provided by you enables **YNITU** to communicate relevant information regarding the Nursing profession to all members.*

***YNITU** will only send information relevant to the nursing and medical field. Should you elect not to receive this information, kindly indicate this.*

*Your attention is drawn to the fact that **YNITU** must, by law disseminate information such as notices of general meetings and this information will be sent to you when required. Use of my database information:* *Agree* ☐ *Don't agree* ☐

Debit Order Authorization:

To _____

I _____ (Print Full Name)

Hereby authorize you to deduct R70.00 from my bank account each month and be credited into Young Nurses Indaba Trade Union (**YNITU**)

account on the following conditions:

1. The deduction, which are made in respect of my monthly subscription, will be made in accordance with the current subscription rate subject to changes of which you will be duly informed.
2. Cancellations of this authorization is subject to the provision of the unions constitution and section 31 of the Labour Relations Act.

For Office Use Only:

YNITU Membership Number										