Tel: 011 492 1537 | Cell: 084 253 2682 | 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**

**Bank Details: FNB | Account no: 62707023107 | Account Type: Business Account | Branch: Southgate | Branch Code: 250 655**

# APPLICATION FOR MEMBERSHIP & DATA UPDATE

I 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.

| | | | |
|---|---|---|---|
| Title | **Dr /Mr / Mrs / Ms** | Rank | |
| Full Names | | | |
| Surname | | | |
| SANC No. | | Persal/Employee No. | |

| | | | |
|---|---|---|---|
| **Province** | | **Region** | |
| Institution | | Dept/Ward | |
| Race | | Gender | |
| ID | | **RESIDENTIAL/POSTAL ADDRESS** | |
| Date of Birth | year / month / day | | |
| Cell | | | |
| Tel(H) | | | |
| Tel (W) | | **EMPLOYER: (Please Tick) ✓** | |
| Fax | | Public Sector | NGO/NPO |
| Email | | Private Sector | Corporate |
| | | | RWOPS |

**SALARY STOP ORDER AUTHORIZATION**

To: **YOUNG NURSES INDABA TRADE UNION (YNITU)**

I _____

(Print Full Name)

Employee Number: _____

Hereby authorize you to deduct **R70.00** from my income each month and be credited into Young Nurses Indaba Trade Union (**YNITU**) within 7 days of the beginning of each month. The first deduction to be made on _____on the following conditions:

1. The deduction, which is 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 are subject to the provision of the YNITU constitution and section 31 of the Labour Relations Act.
3. I hereby revoke any previous authorization for deduction in respect of any union or staff association.

Signature: _____ Date: _____

**BANK DEBIT ORDER AUTHORIZATION**

| | |
|---|---|
| Account Holder (Name) | |
| Bank Name | |
| Branch Name | |
| Branch Code | |
| Account Number | |
| Type of Account | Cheque (Current) / Savings / Transmission |
| Amount | **R70** |
| Deduction Date | |
| Start Date | |

**Signature:**_____ *Reference that will appear on your bank statement is **YNITU***

Do you agree that:

**YNITU** makes use of your information contained in its database to disseminate information such as notices of general meetings when required. Use my database information.

**Agree:** ☐ **Don't Agree:**☐

***AUTHORITY:*** *I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement, and commences after the above-mentioned commencement date;*

*The individual payment instructions so authorised to be issued must be issued and delivered as follows: On the above-mentioned Deduction Date of each and every month commencing on the above-mentioned commencement date. In the event that the payment day falls on a Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;*

*I /We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. Such must contain a number which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. This number is added to this form (YNITU Membership Number) before the issuing of any payment instruction and communicated to me directly after having been completed by you.*

***MANDATE****: I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned bank as if the instructions had been issued by me/us personally.*

***CANCELLATION:*** *I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.*

***ASSIGNMENT:*** *I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.*

**For Office Use Only:**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| YNITU Membership Number | | | | | | | | | | |