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COMMUNICATION WORKERS UNION MEMBERSHIP FORM

- Launched 9 May 1996 -



MEMBER PERSONAL INFORMATION

INITIALS AND SURNAME FIRST NAME

IDENTITY NUMBER DATE OF BIRTH

RACE GENDER MF MARITAL STATUS No OF DEPENDANTS

MEMBER ADDRESS INFORMATION

PROVINCE LOCAL/YARD

RESIDENTIAL ADDRESS ZIP CODE

TELEPHONE (W) TELEPHONE (F)

TELEPHONE (H) E-MAIL ADDRESS *

MOBILE (1) * MOBILE (2)

EMPLOYMENT INFORMATION

EMPLOYER NAME SECTOR

EMPLOYER ADDRESS ZIP CODE

OCCUPATION DATE COMMENCE

DEPARTMENT CODE BASIC SALARY /MONTH R

** MEMBERSHIP DETAILS (OFFICE USE) **

RECRUITER DETAILS RECRUITER SIGNATURE

STOP ORDER FORM