



NEHAWU MEMBERSHIP APPLICATION AND DATA UPDATE

N R

EMAIL: Membership@nehawu.org.za FAX: 011 833 0757

Update to existing member data New member registration form

MEMBER PERSONAL INFORMATION

First Name	<input type="text"/>	Surname	<input type="text"/>
ID No.	<input type="text"/>	Gender	<input type="checkbox"/> M <input type="checkbox"/> F Language: <input type="text"/>
Date of Birth	<input type="text"/>	Postal Address	<input type="text"/>
Physical Address	<input type="text"/>	Postal Code:	<input type="text"/>
Household Income	R3000 - R6000 <input type="checkbox"/> R6001 - R10 000 <input type="checkbox"/> R10 001 - R16 000 <input type="checkbox"/> R16 001 - 25 000 <input type="checkbox"/> R25 001 + <input type="checkbox"/>	Number of Dependents: (Children)	<input type="text"/>
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Highest Qualification	Grade 10 Standard 8 <input type="checkbox"/> Matric <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other <input type="checkbox"/>

CONTACT DETAILS

Tel No. (work)	<input type="text"/>	Cell	<input type="text"/>	Additional No.	<input type="text"/>
Tel No. (home)	<input type="text"/>	Fax	<input type="text"/>	Spouse No.	<input type="text"/>
Email	<input type="text"/>				

EMPLOYMENT INFORMATION

Employer Name	<input type="text"/>				
Persal No. / Salary No.	<input type="text"/>	Occupation (e.g. nurse)	<input type="text"/>		
Workplace	<input type="text"/>				
NEHAWU Region	<input type="text"/>			Province	<input type="text"/>
Date Commenced in Position	<input type="text"/>	Monthly Salary R	<input type="text"/>	Frequency	Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>
Work Address	<input type="text"/>				
Street Name	<input type="text"/>	City	<input type="text"/>		

PRIVACY

As a member I give consent to the employer to share my identity number with the union for purposes alone of administration of my membership. NEHAWU and / or MHA may use personal information about me, as defined in the Protection of Personal Information Act, that NEHAWU and / or MHA have lawfully obtained in the past or may obtain in the future.

- To consider applications for membership.
- To market MHA products and services.
- To be used to facilitate administration on membership and to satisfy contractual obligations.

Please state preferred method of contact Post Email SMS Do you give NEHAWU / MHA permission to contact you regarding additional products? YES NO

SUBSCRIPTION PAYMENT DETAILS

Payment Method	Debit Order <input type="checkbox"/> Cash <input type="checkbox"/> Persal <input type="checkbox"/> Persal No. <input type="text"/>	Frequency	Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>
If you pay by Debit Order please complete your Banking Details			
Account Holder	<input type="text"/>	Bank Name	<input type="text"/>
Branch Name	<input type="text"/>	Branch Name / Code	<input type="text"/>
Account Number	<input type="text"/>	Account Type	<input type="text"/>
		Deduction Date	<input type="text"/>

STOP ORDER DEDUCTION

To..... I (full names) hereby authorise you to deduct R80, R95 OR R100 (not exceeding R100-00) from my income each month and be credited into the Union's Account within 7 days of the beginning of each month on the following conditions:

- The deductions, which are made in respect of my monthly subscriptions, will be made in accordance with the current subscription rate subject to changes of which you will be duly informed.
- The new subscription will be as follows:
 - The current membership contributions is capped at R100-00 and as per the new decision of the CEC.
 - All employees earning R4 500-00 per month or less are to contribute R80-00 per month.
 - All employees earning R4 500-01 up to R 25 657-50 per month are now going to contribute R95-00 per month.
 - All employees earning R 25 657-51 per month and above are now going to contribute R100-00 per month.
- I hereby revoke any previous authorisation for deductions in respect of any Union or staff association.

Signed at _____ on this _____ day of _____ 20____

<input type="text"/>	<input checked="" type="checkbox"/>
Full name of Member	Signature of Member

FOR OFFICE USE ONLY

Recruiter Name	<input type="text"/>				
Designation	<input type="text"/>				
ID Number	<input type="text"/>	VA Cell Number	<input type="text"/>		
Cell Phone Number	<input type="text"/>	Landline	<input type="text"/>		





JOIN NEHAWU TODAY!

NEHAWU (NATIONAL EDUCATION HEALTH AND ALLIED WORKERS UNION) OFFERS SPECIALISED SERVICES AND ADVISES ON LABOUR RELATED MATTERS, REPRESENTATION AND PROTECTION.

- ✓ Wages & Working Conditions
- ✓ Access To Professional Development
- ✓ Unfair Dismissal & Disciplinary Issues
- ✓ Redeployment & Redundancy
- ✓ Promotion and Employment Equity
- ✓ Contract & Casual Employment Issues
- ✓ Skills Development Opportunities
- ✓ Transformation Of The Workplace
- ✓ Healthy & Safe Working Environment

MHA Rewards™



Join **NEHAWU** today & become a member of the **MHA Rewards Platform!**

PRODUCTS DESIGNED BY NEHAWU & MHA EXCLUSIVELY FOR NEHAWU MEMBERS:

IMMEDIATE DEPENDANTS FUNERAL PLAN

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VALUE PLAN FOR IMMEDIATE & EXTENDED DEPENDANTS:



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ALL OUR FUNERAL PLANS INCLUDE THE FOLLOWING:

TRAUMA COUNSELLING

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REPATRIATION UP TO 3000 KM

GET 10% TOMBSTONE DISCOUNT

+

DOUBLE ACCIDENTAL DEATH BENEFIT

+

CONTINUATION OF COVER FOR 6 MONTHS

R300 AIRTIME

CHECKERS SHOPRITE

GET R300 AIRTIME OR CHECKERS VOUCHER WHEN YOU CLAIM

MHA
A LIFE WELL LIVED

CALL US - MHA Call Centre
0861 001 788
MHA Management Holdings (Pty) Ltd
Authorised FSP No 10134

Underwritten by Assupol Life Ltd
An insurer licensed to conduct life insurance business.
Reg No 2010/025083/06. Authorised FSP No 53.

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