



SACCA
South African Cabin Crew Association

Reg LR 2/6/2/1087

APPLICATION FORM FOR MEMBERSHIP

A UNION FOR CABIN CREW MEMBERS ONLY

NAME SURNAME

DATE OF BIRTH/...../..... GENDER

IDENTITY NUMBER PENSION NUMBER/SAP

DEPARTMENT OCCUPATION

RESIDENTIAL ADDRESS

EMPLOYEE ADDRESS [1 JONES ROAD AIRWAYS PARK KEMPTON PARK]

CONTACT NUMBER EMAIL ADDRESS

APPLICATION DATE SIGNATURE

STOP ORDER AUTHORISATION

I, THE UNDERSIGNED HEREBY GRANT AUTHORITY TO MY EMPLOYER TO DEDUCT SUBSCRIPTION FEES FROM MY SALARY PAYABLE TO SACCA IN TERMS OF SECTION 13 OF THE LAVOUR RELATIONS ACT NO: 66 OF 1995 AS AMENDED FROM TIME TO TIME. THE AMOUNT DEDUCTABLE FROM MY SALARY IS IN ACCORDANCE WITH THE PROVISIONS OF THE CONSTITUTION OF SACCA. THE EMPLOYER IS REQUIRED TO PAY ALL SUBSCRIPTIONS DEDUCTED FROM MY SALARY TO THE UNION BY NO LATER THAN THE 7TH DAY OF EACH MONTH.

THIS AUTHORISATION CAN BE NULLIFIED WHEN I GIVE NOTICE TO THE UNION TO CANCEL MY MEMBERSHIP AND ANY OTHER REASON THAT CAN LEAD TO THE TERMINATION OF MY MEMBERSHIP AS PER THE SACCA CONSTITUTION. THIS ALSO SERVES AS A REVOCATION OF MY MEMBERSHIP WITH THE PREVIOUS UNION.

SIGNATURE OF THE MEMBER WITNESS

THANK YOU FOR YOUR TIME. YOUR MEMBERSHIP IS HIGHLY VALUED AND WELCOME TO THE SACCA FAMILY

I, hereby revoke the authorisation previously granted to deduct trade union subscription from salary in favour of (name of trade union). The revocation will take effect within one (1) month. The last deduction of the above mentioned union will be on the

I would like to inform you that any membership subscriptions deducted after the said period are fully refundable.

Name & Surname :

Department :

Employee Number :

ID Number :

Signature: Witness:

Name & Surname of Witness:
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