



MEMBERSHIP FORM

REF: IPU

MONTHLY MEMBERSHIP FEE: R150

216 Madiba Street
6th Floor, Pretoria
News Building
Pretoria
0001

Tel: (010) 109 0054
Fax: 086 677 1284
Email: admin@ipusa.org.za

PERSONAL DETAILS

ID Number: _____ Date of Birth: ____/____/____
 First Names: _____ Surname: _____
 Initials: _____ Title: _____ Gender: _____ Marital Status: _____ Language: _____

PERSONAL CONTACT DETAILS

Tel Number: (____) _____ Cell (____) _____
 Full Home Address: _____
 Postal Address: _____

EMPLOYMENT DETAILS

Full names and address of employer: _____ Employee Number: _____
 _____ Rank Held: _____
 _____ Station/Unit: _____
 _____ Region/Province: _____
 _____ Code: _____ Tel Number: (____) _____
 E-mail Address: _____ Fax Number: (____) _____

IPUSA FUNERAL BENEFIT

Member	Spouse	Children's Cover				
		14-20 Years	6-13 Years	1-5 Years	0-11 Months	Stillborn Foetus over 26 weeks
R30 000	R30 000	R30 000	R15 000	R7 500	R3 750	R3 750

DEPENDENT DETAILS

SURNAME	FIRST NAME	ID No / DOB	M/F	RELATIONSHIP
SPOUSE				
CHILD 1				
CHILD 2				
CHILD 3				
CHILD 4				
CHILD 5				

NOMINATED BENEFICIARY – if the Main Member passes away

RELATIONSHIP	SURNAME	FIRST NAME	ID NUMBER

INCLUDES ASSIST BENEFITS:

- Repatriation
- Discounted Food Vouchers

Authority for Debit/ Stop Order Mandate

Account Holder Name: _____
 Account Number: _____
 Type of Account: _____
 Action Day: _____

Bank Name: _____
 Branch Code: _____
 Commencement Date: _____
 IPUSA Membership Union Fee: R150 monthly

Signature: _____

Date: _____

“LIBERATION OF WORKERS THROUGH INDEPENDENCE”



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DEBIT ORDER AUTHORITY: I/We, the undersigned, hereby apply for membership of IPUSA (Independent Policing Union of south Africa) and authorise INFUSION FINANCIAL SERVICES to issue and deliver payment instructions to your banker for collection against my/our above mentioned account at my/our above mentioned 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 abovementioned 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 recognised 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 represent 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 computerised 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 (**IPUSA** Member 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 avobe-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. The abbreviated name that will reflect on the bank statement is: **IPUSA**

PERSAL STOP ORDER AUTHORITY: I, the undersigned, hereby apply for membership of IPUSA (Independent Policing Union of South Africa) and authorise and request my employer's Accounting Officer to deduct the applicable IPUSA Membership Fee (as approved by the IPUSA Board of Directors) from my salary as membership fee starting from the STOP-ORDER COMMENCEMENT DATE and continuing such monthly deductions until my further written notice.

I UNDERSTAND THAT IN TERMS OF SECTION 13(3) OF THE LABOUR RELATIONS ACT, 1995 THIS STOP-ORDER MAY ONLY BE REVOKED BY GIVING MY EMPLOYER AND IPUSA THREE MONTHS' (ONE MONTH IN THE CASE OF NON-PUBLIC SERVANTS) WRITTEN NOTICE.

1. I understand that membership fees are due to and collectable by IPUSA while I am a member of IPUSA.
2. **I hereby give IPUSA authority to implement my union deduction on PERSAL system from Debit Order upon activation of IPUSA's PERSAL code.**

Signed at _____ on this _____ day of _____ 20____

Signature _____

FOR OFFICE USE:

Full Name of Rep: _____ Persal Number: _____ Provincial Office: _____ Date: ____/____/20____