



a national organisation for tertiary education staff

How can I join NTESU?

Just fill in this membership form and the payment deduction authority and either send it to the

National Secretary,
c/o the National Administrator,
PO Box 162,
Hillcrest 3650,
KwaZulu-Natal
Tel: 033 260 5803; Fax : 086 614 7665

OR

hand these forms to your local Branch Executive Secretary who will deal with their submission to the head office and your employer

National Tertiary Education Staff Union PAYROLL DEDUCTION AUTHORITY

to the Director Provincial Education Departments/
Human Resources Manager / Salaries Officer

Name of Employer
Address of Employer
Dear Sir/Madam
I : (Member's full names)
ID Number
Member's Employee Number

(this should be on the member's salary slip)

being a member of the **NATIONAL TERTIARY EDUCATION STAFF UNION**, which is a registered union in terms of the Labour Relations Act No 66 (1995), hereby authorize you through

The National Secretary,
National Tertiary Education Staff Union
PO Box 162, Hillcrest 3650, KwaZulu-Natal
Tel: 033 260 5803, Fax : 086 614 7665

to initialize deduction of the following subscription amounts from my salary:
in respect of the current National level subscription payable to the National Treasurer

1) Rands (in words) per month

and, where an applicable Branch level subscription has been set:

2) Rands (in words) per month

in respect of that current Branch level subscription and payable to the Branch Treasurer of the

NTESU () Branch.

I agree that this authority also authorizes any future change in either subscription and/or such other amounts, as may be determined and notified from time to time according to the constitution of the organisation, provided that this change has been made according to the constitution of **NTESU**.

In accordance with the **NTESU** constitution I undertake to give at least four (4) weeks notice of voluntary resignation from **NTESU** (on the appropriate Termination of Membership form). Revocation of this authority will take place at the beginning of the first month in which it is practicable to cancel it.

At that time this Authority shall be returned to the Branch Secretary or the National Secretary.

Signed _____
(Member)

Signed _____
(Branch Secretary)

Signed _____
(Branch Treasurer)

Signature Date _____