



COMMISSION STAFF ASSOCIATION

Please complete the following information and submit it to
admin@commissionstaffassociation.org.za For queries or questions please contact
(011)3776763 or WhatsApp 083 99 0454

MEMBERSHIP APPLICATION

Full names.....Surname.....

Address.....
.....
.....

Contact numbers..... (Work)..... (Home)

Position held at CCMA.....Number of years at CCMA.....

Region.....Employee number.....

PLEDGE

I pledge myself that once my membership has been approved, I will abide by the constitution and resolutions taken from time to time by relevant structures of the Association.

STOP ORDER AUTHORISATION

I.....do hereby authorize the CCMA to deduct a sum of R150-00(One Hundred and Fifty Rands) per month in favour of the Commission Staff Association in respect of monthly subscription due by me or such as may be determined by the Staff Association in terms of its Constitution.

Disclaimer

The content of this registration form is strictly confidential and is intended for the employees who wish to apply for membership. It is strictly forbidden to share any part of this form with any third party without a written consent of the Commission Staff Association.

Signature of employee

Employee number

Date