



## MEMBERSHIP APPLICATION FORM

Please complete the following information and submit it to [admin@commissionstaffassociation.org.za](mailto:admin@commissionstaffassociation.org.za). For any queries please contact (011) 377- 6763 or What's App 083 399 0937.

\*All boxes must be completed for your application to be reviewed. \*

Applicant Name		Date of Birth	**Employee Number #
E-Mail Address		Home /Mobile Phone ( <i>include area code</i> )	
Home Address		Work Phone ( <i>include area code</i> )	
City	Province	Postal Code	

\*Work details \*

Region	Position Held	Number of Years Worked
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\*CSA Union Pledge\*

I _____(full names) 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 Commission Staff Association.		
Signature:_____	Date:_____	Initials:_____

\*Stop Order Authorization\*

I _____(full names) do hereby authorize the CCMA to deduct a sum of R100.00(One hundred Rands) per month in favour of the Commission Staff Association in respect of monthly subscriptions due by me or such as may be determined by the Commission Staff Association in terms of its constitution.		
Signature:_____	Date:_____	Initials:_____



**\*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.*

Name:\_\_\_\_\_ Surname:\_\_\_\_\_ Initials:\_\_\_\_\_

Employee Number:\_\_\_\_\_ Region:\_\_\_\_\_

Signature:\_\_\_\_\_ Date:\_\_\_\_\_