



Purpose of this form: Kindly complete the below form for your year's subscription to LERASA

LERASA MEMBERSHIP APPLICATION FORM		
Organisation and Job Title		
Title		
Initials, Surname		
First Name		
Physical Address		
Postal Address		
City or Town		
Province/ Country		Postal Code:
Email		
Contact numbers	Work:	Cell:
Fax		
Previous IRASA member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Category of membership and fees	<input type="checkbox"/> Corporate (including trade unions, employer organisations, tertiary institutions) R1, 600 <input type="checkbox"/> Individual R330 <input type="checkbox"/> Full-time unionist R180 <input type="checkbox"/> Full-time learner R180 <i>Please provide student number and institution</i>	
Method of payment	<input type="checkbox"/> Direct deposit into Standard Bank, Centurion Branch (Branch Code 012645), Current Account No: 310332826 <i>Please print your name as deposit reference and email the deposit slip to us</i> <input type="checkbox"/> Cheque (to be made out to LERASA)	

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