



Payment Methods

Debit Order	<input type="checkbox"/>	Persal	<input type="checkbox"/>
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Persal Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PEU Membership No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MEMBERSHIP APPLICATION FORM
 Tel: 012 001 0800 | Email: gs@peuoffice.com
 Address: 1st Floor PEU House, 79 De Korte Street, Braamfontein, 2000

PERSONAL DETAILS OF THE MAIN MEMBER

TITLE: _____ FULL NAMES: _____ SURNAME: _____ ID NUMBER: _____
 CONTACTS: (W): _____ (C): _____ (C2) _____ (E): _____
 SCHOOL: _____ SCHOOL PAYPOINT: _____ SCHOOL ADDRESS: _____ REGION: _____
 SPECIALIST SUBJECTS: _____ QUALIFICATIONS: Academic: _____ Professional: _____
 PEU DISTRICT: _____ PEU BRANCH: _____ DATE OF 1st AFFILIATION TO PEU: _____
 SPOUSE: Full Names: _____ Surname: _____ ID NO: _____ (C): _____
 PHYSICAL ADDRESS: _____ CODE: _____

Marital Status	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
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Funeral Plan Name	<input type="text"/>	Family	<input type="text"/>
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First Name & Initials	Surname	ID	Age	Sex	Relationship	Cover Amount
1.						
2.						
3.						
4.						
5.						
6.						

Membership Fee	R 100,00
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All completed Stop Orders must be sent to PEU, P.O. Box 32838 Braamfontein 2017 for recording and NOT directly to the Accounting Officer.

The Accounting Officer (Dept. of Basic Education & DHET), You are hereby authorised to deduct from my salary for the month of _____ 20____ the sum of R_____, being my subscription to PROFESSIONAL EDUCATOR'S UNION and thereafter to continue monthly deductions until further notice is given to me. Should the relevant fee be altered by the PROFESSIONAL EDUCATOR'S UNION, I agree that the amended amount may be deducted from my salary provided that I am notified by the PROFESSIONAL EDUCATOR'S UNION of such increase at least 60 days prior to the amended fee becoming effective. Should the amended fee be unacceptable to me, I reserve the right to cancel this STOP ORDER.

Membership deduction authorization:

I hereby authorize Professional Educators Union to debit my bank account monthly with the membership fee that may be lodged against my salary.

BANKING DETAILS

BANK NAME:	ACCOUNT HOLDER:
CHEQUE / SAVINGS	ACCOUNT NUMBER:

Signed At _____ On this _____ day of _____ 20____

PEU REP. Name:	PEU REP. Signature:
Beneficiary Name(s) & Surname:	Beneficiary Cell:
Beneficiary Relationship:	ID:

By signing this document, I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any wilful misrepresentation in this application will invalidate any benefit under this membership and that I undertake to abide by the terms and conditions of the membership fully explained to me by Professional Educators' Union Representative.

I confirm that I've been properly advised of the product(s) and membership considered, and I fully understand & accept any liability arising of this engagement: YES | NO

GENERAL NOTES &/OR INSTRUCTION FROM THE CLIENT

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_____	_____	_____
Client's Initial & Surname	Client's Signature	Date
_____	_____	_____
PEU Rep's Initial & Surname	PEU Rep's Signature	Date