



Payment Methods

Debit Order	Persal
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PERSAL Number									
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MEMBER APPLICATION FORM

Tel: 011 403 2990 | Email: gs@peuoffice.com

Address: 1st Floor PEU House, 79 De Korte Street, Braamfontein, 2017

PERSONAL DETAILS OF THE MAIN MEMBER

TITLE: _____ FULL NAMES: _____ SURNAME: _____ ID NUMBER: _____
 CONTACTS: (W): _____ (C): _____ (C2) _____ (E): _____
 SCHOOL: _____ SCHOOL PAYPOINT: _____ SCHOOL ADDRESS: _____ REGION/DISTRICT: _____
 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	Married	Divorced	Widowed
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Funeral Plan Name	Family
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LIST OF BIOLOGICAL/LEGALLY ADOPTED CHILDREN

First Name & Initials	Surname	ID	Age	Gender	Relationship
1.					
2.					
3.					
4.					
5.					
6.					

Membership Fee	R
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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__

BENEFICARY DETAILS

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

Main Member's Initial & Surname

Main Member's Signature

Date