



# INDEPENDENT MUNICIPAL AND ALLIED TRADE UNION

[AFFILIATED TO FEDUSA]

Social transformation through sustainable Local Government

## Application needs to be returned or faxed to the relevant Regional Office:

Johannesburg Regional Office	FAX (011) 403 1626	Tshwane Regional Office	FAX (012) 431 2300
Mpumalanga Regional Office		Limpopo Regional Office	
Ethekwini Regional Office	FAX (031) 334 4603	Free State Regional Office	
Kwa-Zulu Natal Regional Office	FAX (031) 334 4604	North West Regional Office	FAX (051) 430 8302
Cape Town Regional Office	FAX (021) 592 5104	Northern Cape Regional Office	
Eastern Cape Regional Office	FAX (041) 487 0872	Gauteng Regional Office	FAX (011) 917 6284
Western Cape Regional Office	FAX (021) 872 9039		

### NOTES:

- Please ensure that your postal address is supplied.
- Once you have fully completed this form, please return or fax it to your Regional IMATU Office, with a copy of your ID and latest payslip.

### FOR OFFICE USE ONLY

Membership No.: \_\_\_\_\_

## NEW APPLICATION

FIRST NAME		MR/MRS/MS/DR.		INITIALS	
SURNAME					
IDENTITY NUMBER		PAY NUMBER			
DATE OF BIRTH		EMPLOYMENT (✓)	Permanent	Contract	
EMPLOYER					
DEPARTMENT /SECTION		APPOINTMENT DATE:			

LANGUAGE		GENDER (✓)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	OCCUPATION	
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RACE (✓)	B <input type="checkbox"/>	C <input type="checkbox"/>	A <input type="checkbox"/>	W <input type="checkbox"/>	HIGHEST QUALIFICATION		MARITAL STATUS	
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PHYSICAL WORK ADDRESS		POSTAL ADDRESS	

TEL NO. (W)		TEL NO. (H)		CELL NO.	
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E-MAIL ADDRESS					
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Are you currently a member of any other Trade Union? Answer YES or NO		If YES, which Trade Union	
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- I, the undersigned, hereby declare the foregoing particulars to be true and hereby apply for membership of IMATU and authorise and request the Accounting Officer of my Employer to deduct from my salary my monthly membership subscription fees with effect from ..... 20.... and thereafter to continue such monthly deduction until my further written notice.
- I also request that in the event of a decision of the Trade Union, in terms of its Constitution to increase the subscription fee or impose a levy that such increased amount be deducted from my salary.
- I undertake that I shall give IMATU three (3) months notice of resignation before revoking this authorisation.
- I, the applicant, agree to abide by the Constitution and Regulations of the Trade Union and the Regional Regulations and amendments thereto.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### EX GRATIA BENEFICIARY NOMINATION

IMATU will pay an amount to the nominated beneficiary of a member in the event of the decease of the member while being a member. Please indicate the ID number and name of your nominated beneficiary, contact number and relationship to yourself.

I.D. NUMBER OF BENEFICIARY	NAME OF BENEFICIARY	CONTACT NUMBER	RELATIONSHIP TO MEMBER

### RECRUITED BY (If applicable)

FULL NAME OF RECRUITER	CONTACT NUMBER	BANK ACCOUNT NUMBER	BANK CODE

\_\_\_\_\_  
SIGNATURE OF RECRUITER      DATE