



MISA NATAL REGION
 Unit 210, Musgrave Park, 2nd Floor
 18 Musgrave Road, Berea, 4062
 P.O. Box 37574, Overport, 4067
 Tel: 031 201 2710 / 2909, Fax: 031 202 5956 / 086 663 6435
 Email: natal@ms.org.za
 Website: www.misa.org.za

APPLICATION FOR MEMBERSHIP

THE COMPLETION OF A,B & C BELOW IN EVERY RESPECT TOGETHER WITH A **CERTIFIED COPY** OF YOUR I.D. WILL ENSURE A SPEEDY REGISTRATION

I, the undersigned, hereby apply to be registered as a member of MISA.

A

1. Surname (Mr/Mrs/Ms) _____
2. Maiden Name (if applicable) _____ Full Names _____
3. Date of Birth _____ Identity No. _____
4. Residential/Postal Address _____
 _____ Tel: _____ Cell: _____

B

5. Full details of your present Employer in the Motor Industry:
 Name of company _____
 (and Trading name if you are in the employ of a company) _____
 Street Address of company _____
 Postal Address of company _____
 Telephone Number of company _____ Fax: _____ E-mail: _____
6. Your present Occupation _____
7. Date on which present employment commenced _____
8. Have you previously been registered as a member of the Union? _____
9. If YES, please quote Membership No. _____
 and Name and Address of last Employer in the Motor Industry _____
10. Have you previously been registered as a Member of another Trade Union? _____
11. Have you previously been elected as an Office Bearer of another Trade Union? _____
12. Have you previously been appointed as an Official of another Trade Union? _____

ARTISANS ONLY

13. If you are an **employee** in the Motor Industry, and you are performing the work of an **artisan**, you are required to **attach proof of your qualification(s)**: (please tick the correct box and attach the document(s). All **documentary proof** must be **certified**)
 - Completed apprenticeship contract
 - Trade test diploma
 - Certificates of service confirming the practical experience gained whilst performing work in a **designed trade**
14. Non-artisan (unqualified) employees (please tick the correct box):
 - Apprentice
 - Operative engine assembler in an engineering establishment
 - Exempted journeyman in vehicle body building establishment
 - Employee doing aspects of Journeyman's work under exemption

C

15. **NOMINATION OF BENEFICIARY (For the payment of Death Benefits)**
 I hereby nominate Mr/Mrs/Ms _____ Relationship (Wife, Son, etc.) _____
 Address _____
 I.D. No.: _____ Tel: _____ Cell: _____
 The person whom the benefits, in terms of the Rules of MISA BENEFIT and FUNERAL FUND, shall be paid in the event of my death.
DECLARATION
 I, the undersigned, solemnly declare that the above particulars are true and correct, and I agree to abide by the Organisation's Constitution and faithfully observe all rules and regulations which are in force, or may be brought into force, from time to time.

SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

DATE RECEIVED	MEMBERSHIP CARD POSTED	DATE REGISTERED	MEMBERSHIP NO.

see overleaf