



Registered Trade Union Reg No. LR 2/6/2/1499
Affiliated to FEDUSA and a member of IndustriALL.



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DEBIT ORDER

Contract Reference Number:
Membership Number:
For office use only

Head Office:

PO Box 565, Florida, 1710, South Africa.
231 Panorama Drive, Constantia Kloof, 1709, South Africa.
www.uasa.org.za | pr@uasa.org.za
Tel: 011 472 3600 | Fax: 011 674 4057 | UASA Call Center: 086 100 8272

I hereby apply for membership of UASA as from the month of _____ and undertake to pay my subscriptions monthly in advance, as applicable, and to abide by the Constitution and Rules of UASA at all times. I fully understand that UASA benefits are subject to the terms and conditions as may be decided upon by the National Executive Committee from time to time. I also understand that I may continue with my membership on retirement (subject to the rules) and that all membership rights lapse after one (1) month of nonpayment of my subscriptions.

I hereby consent to UASA and its subsidiaries (referred to as UASA) collecting and processing my personal Information and that of my spouse and dependants which I am authorised to furnish, as obtained from myself and through other lawful and reasonable public sources, in order for UASA to protect my legitimate interests, fulfil its obligations to myself, my spouse, dependants and other members and for any other lawful purpose linked to my membership. Notwithstanding anything contained herein to the contrary, I have read and accept the provisions of UASA's protection of Personal Information Policy (Data Policy), amended from time to time, as available on their website and on request.

As a value added benefit, UASA negotiates offerings for certain products and services on behalf of its members at favourable rates, including, without limitations, short term and long term insurance products, debt management, financial advice and services, legal services, funeral plans, will and estate planning, medical aid and gap cover.

I hereby consent to UASA furnishing my contact details to subsidiaries/external accredited service providers of the above products and/or services. I consent to such service providers marketing by way of electronic communication and can withdraw consent at any given time.



I hereby acknowledge that UASA may from time to time outsource certain of its obligations (owing to its members) to third parties and that certain of my personal information will be furnished to such third parties but only to the extent that they acquire such information in order to perform such obligations. UASA will enter into the necessary privacy and/or confidential agreements with such third parties.



PERSONAL DETAILS

(Mr / Mrs / Ms) Surname:

Full Names:

Postal Address:

Code:

Home Address:

Code:

Tel. No. (H):

Tel. No. (W):

Cell No.

E-mail:

ID No.

Date of Birth: Y Y Y Y / M M / D D

Employer:

Occupation/Position:

Industry / Company No.

Bureau No.

Sector / Industry:

(eg. Gold, Motor, Retail, etc.)

NAMES AND BIRTH DATES OF SPOUSE AND CHILDREN

NAMES	BIRTH DATES	NAMES	BIRTH DATES
	Y Y Y Y / M M / D D		Y Y Y Y / M M / D D
	Y Y Y Y / M M / D D		Y Y Y Y / M M / D D
	Y Y Y Y / M M / D D		Y Y Y Y / M M / D D

Signature Of Member:

Date:



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