



APPLICATION FORM FOR REGISTRATION AS RECRUITER

- A COPY OF THIS APPLICATION MUST BE GIVEN TO HOSPERSA PROVINCIAL OFFICE TO BE REGISTERED.
- (Please complete in printed black ink.)

HOSPERSA PROVINCIAL OFFICES

Eastern Cape	Tel (043) 722-3776	Fax (043) 722-3766	Free State	Tel (051) 448 4659	Fax (051) 448 4670
Gauteng	Tel (012) 664 1285	Fax (012) 664 1749	KwaZulu/Natal	Tel (033) 342 6847	Fax (033) 394 5768
Limpopo	Tel (015) 295 3272	Fax (015) 295 4514	Mpumalanga	Tel (013) 752 6199	Fax (013) 755 2680
Northern Cape	Tel (053) 842 2001	Fax (053) 842 2003	North West	Tel (018) 462 3692	Fax (018) 462 1362
Western Cape	Tel (021) 591 9283	Fax (021) 591 3803			

I HEREBY APPLY TO BE ADMITTED AS A RECRUITER OF THE HEALTH AND OTHER SERVICE PERSONNEL TRADE UNION OF SOUTH AFRICA (HOSPERSA) AND I SHALL ABIDE BY THE CONSTITUTION AS WELL AS ANY AMENDMENT THERETO.

PLEASE NOTE THAT ALL FIELDS MUST BE COMPLETED

MEMBERSHIP NUMBER

SURNAME

TITLE (eg Dr/Mr/Mrs/Miss) INITIALS

FIRST NAMES

IDENTITY NO Date of birth - -

POSTAL ADDRESS:

 POSTAL CODE

PHYSICAL RESIDENTIAL ADDRESS:

 POSTAL CODE

PLACE OF EMPLOYMENT:
 PHYSICAL WORK ADDRESS:

 POSTAL CODE

RANK/OCCUPATION SALARY/PERSAL NO

TEL NO HOME - TAX NO:
 WORK -

CELL NO
 E-MAIL

■ **BANKING DETAILS:**
 (Please note that it remains the responsibility of the member to advise Hospersa should there be a change in banking details.)

NAME OF BANK
 BRANCH NAME

BRANCH CODE
 ACCOUNT NO
 ACCOUNT HOLDER:

CHEQUE	SAVINGS	TRANSMISSION
OWN	JOINT	3 RD PARTY

SIGNATURE OF APPLICANT _____ DATE SIGNED - - 2 0

■ PLEASE NOTE: This form must be signed and dated by the applicant.