



304 Tygerberg Centre 16 Voortrekker Road
PO Box 144, Bellville, 7535
Tel: 021 945 3605 / Fax: 021 945 3025
E-Mail: reception@saatea.org
www.saatea.org

APPLICATION FOR MEMBERSHIP

I / we herewith apply for membership of (SA)ATEA and accept the terms and conditions applicable to members.

Business name:

CIPRO Reg. No: Industry: Number of Employees:

Physical Address: Postal Address:

E-Mail Address: Contact Name:

Cell Number: Landline number: Fax:

BENEFITS: Membership benefits are defined by the Labour Relations Act, employment law, our constitution and Organisation Profile.

CONDITIONS OF MEMBERSHIP: Membership is subject to the constitution of the (SA)ATEA. It is understood that officials and office bearers only have a function of recommendation and that decisions taken by my business are my own.

MEMBERSHIP FEES AND PAYMENT OPTIONS: An annual subscription option is available for the amount of R1 550.00. The membership period will be for a period of twelve (12) months from the beginning of the month of registration as a member; OR a monthly payment option will require a once off fee of R150.00 at first registration to cover administration costs and a monthly membership fee of R150.00 is payable in advance on the first day of business for the effective period of the membership agreement. The membership effective date will also be from the beginning of the month of registration as a member. In the event of the monthly payment option, a completed debit order form will be required unless alternative arrangements are entered into.

DECLARATION: I / we herewith apply for membership and accept the terms and conditions applicable to members.

Thus done and signed at on this the of20.....

.....
Signed on behalf of Member

.....
Official



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**Written Authority and Mandate for Debit
 Payment Instructions**

I / we, _____ herewith authorise as per mandate the deduction of monthly membership fees on debit order as agreed herewith on every last working day of the month in favour of the (SA) Allied Transport Employer’s Association (SA)ATEA as membership fees. This signed Authority and Mandate refers to our membership application (“The Agreement”) dated _____ which is also the effective date:

_____/_____/20____

Name of account holder: _____ Bank Name: _____
 Branch Name: _____ Branch Code: _____ Type of Account: _____
 Account Number: _____

This order will continue until it terminated by me/us by giving notice in writing of not less than a calendar month. Payment instructions so authorised are issued delivered on a monthly basis and on the last working day of the month. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form before the issuing of any payment instruction.

Mandate: I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.

Cancellation: I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

Assignment: I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Done and signed at _____ on this _____ day of 20 _____.

 Authorised Signature

 Assisted By

Name:

Name:



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FOR ADMINISTRATIVE USE

Date of receipt: Bank details verified: Date of 1st transaction:

Reg. number: Name of allocated official:

.....
ADMINISTRATOR

..... / / 20.....
DATE

(SA)ATEA Banking Details:

Account Name: (SA) Allied Transport Employers Association
Bank Name: Nedbank – Bellville, The Bridge
Branch code: 103610
Account Number: 1036 358798
Account Type: Cheque account