MOTOR INDUSTRY STAFF ASSOCIATION
MISA
THE INTELLIGENT ALTERNATIVE | WWW.MISA.ORG.ZA
(Registered under the Labour Relations Act 1995)

Application for Membership

EASTERN CAPE	FREE STATE/NORTHERN CAPE	KWAZULU-NATAL	NORTHERN/HIGHVELD	WESTERN PROVINCE
T: (041) 364 0102 E: ep@ms.org.za ☐	T: (051) 447 5339 E: fs@ms.org.za ☐	T: (031) 201 2710 E: kzn@ms.org.za ☐	T: (011) 678 6328 E: northern@ms.org.za ☐	T: (021) 551 2822 E: wp@ms.org.za ☐

Please select your benefit option by ticking the applicable box.

GOLD MEMBERSHIP	SILVER MEMBERSHIP	BRONZE MEMBERSHIP
Subscription Listed In Brochure ☐	Subscription Listed In Brochure ☐	Subscription Listed In Brochure ☐

THE COMPLETION OF A, B, C & D BELOW IN EVERY RESPECT TOGETHER WITH A COPY OF YOUR I.D. WILL ENSURE A SPEEDY REGISTRATION. (Only Complete Section C—Artisans, if you are employed as a Journeyman.)

A - PERSONAL DETAILS

Mr/Mrs/Ms (Surname) _____ Full names _____

Marital Status: Single/Married/Divorced/Widowed Maiden Surname, if applicable _____

Date of Birth _____|_____|_____ Identity No. ___|___|___|___|___|___|___|___|___|___|___|___|___

Tel _____ Cell _____

Email address _____

Street Address _____

Your present occupation _____

Have you previously been registered as member of MISA? (Yes/No) Membership No. _____

B - EMPLOYER'S DETAILS

Employer Code _____

Employer Name _____

C - ARTISANS

If you are an employee in the Motor Industry, and you are performing the work of a journeyman, 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 designated trade

Non-qualified Journeyman (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

Please turn over.

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*Additional Death and Funeral Benefits for MISA Members Who Belong to SAF (Refer to Brochure)

Please tick the box, should you wish to register the same Beneficiary/Beneficiaries for your SAF Death and Funeral Benefit. ☐

Alternatively, please complete the *Registration/Nomination of SAF Death and Funeral Benefits* Form.

D1 - NOMINATION OF BENEFICIARY

I hereby nominate

Mr/Mrs/Ms (Surname) _____ Full names _____

Date of Birth _____|_____|_____ Marital Status (Single/Married/Divorced/Widowed)

Cell/Tel _____ Relationship (Spouse, Son, etc.) _____

Address _____

The person to whom the benefits, in terms of the Rules of the MISA BENEFIT and FUNERAL FUND, shall be paid in the event of my death.

D2 - NOMINATION OF BENEFICIARY

Only complete this section should you wish to nominate an additional beneficiary.

I hereby nominate

Mr/Mrs/Ms (Surname) _____ Full names _____

Date of Birth _____|_____|_____ Marital Status (Single/Married/Divorced/Widowed)

Cell/Tel _____ Relationship (Spouse, Son, etc.) _____

Address _____

The person to whom the benefits, in terms of the Rules of the 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. Consent in terms of Act 4 of 2013 (Protection of Personal Information Act): I hereby authorise MISA to process my personal information (as per my membership application form) as well as to provide the necessary information of my MISA membership to my employer in so far as it is necessary to protect and/or execute my interests and/or those of MISA and for purposes of the Motor Industry Sick, Accident and Maternity Pay Fund Agreement as well as the Rules in terms thereof.

I, the undersigned, hereby further authorise and instruct my employer to deduct, and pay over, on a monthly basis the union subscriptions payable by me to MISA or its designated agent.

PLEASE NOTE: It is your responsibility to notify MISA if and when any of your information changes regarding your membership. This includes your personal, company and beneficiary details. Please also ensure that MISA union fees are being deducted from your payslip monthly.

An 8 week waiting period for eligibility to any benefits applies to all SAF Death and Funeral Fund members from date of receipt of the first contributions by the Fund.

SAF Death and Funeral Application/s to be made within 26 weeks from death of a member and/or his/her dependants.

Signature _____ Date _____

FOR OFFICE USE ONLY:

RECRUITMENT & REGISTRATION NOTES

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_____

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DATE RECEIVED	FIRST CONTRIBUTION DATE	MEMBERSHIP CARD POSTED	DATE REGISTERED	MEMBERSHIP NUMBER