

## UCT ACADEMICS UNION MEMBERSHIP APPLICATION FORM

Please fill in the necessary details, and return the completed form to:

Organiser for the Academics Union Room 4.17, 4<sup>th</sup> Floor level, PD Hahn Building, Chemistry Mall Road University of Cape Town

Title:		Staff No.:		
Name:				
Surname:				
Department:				
Post: Please ti	ck ALL relevan	t boxes		
☐ Full-time	☐ GOB¹	☐ Non-GOB	□ Other	
☐ Part-time	☐ GOB <sup>2</sup>	☐ Non-GOB	☐ Other	
Please specify Funding source	:			
Work Physical A	Address:			
Telephone No.:	<u> </u>			
Email Address:				
I hereby apply for r	nembership of the	e UCT Academics' Unior	and authorise the University	Human Resource

I hereby apply for membership of the UCT Academics' Union and authorise the University Human Resources Department to deduct from my salary the appropriate monthly subscription and any increase as may be decided upon by the Academics Union Executive or a General Meeting.

Membership fees for 2025 is 0.1% of your CoE

Signature:		Date:
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<sup>&</sup>lt;sup>1</sup> GOB = General Operating Budget of the University, rather than another source of funding.

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