

**SWAZILAND
NURSES**

**DEMOCRATIC
UNION**



MEMBERSHIP FORM

NAME AND SURNAME: **SEX:** **AGE:**

SWAZI IDENTITY #: **DATE OF BIRTH:**

MARITAL STATUS: SINGLE..... MARRIED.....

WIDOWED.....DIVORCED



CONTACT DETAILS:

CELL.....WORK/HOME.....EMAIL.....

HOME PHYSICAL ADDRESS.....

ACADEMIC QUALIFICATIONS: NURSING ASSISTANT.....SINGLE QUALIFIED...DOUBLE
QUALIFIED (PSYCH).....DOUBLE QUALIFIED (MIDWIFERY.....OTHER
QUALIFICATIONS..... SPECIALITIES.....
POSITION@WORK.....WORK STATION.....
.....YEAR OF EMPLOYMENT..... YEAR OF JOINING THE UNION.....

SUBSCRIPTION: UNION HAS RECOGNITION AGREEMENT WITH EMPLOYER? YES.....NO.....
IF NO, HOW WOULD YOU LIKE TO PAY YOUR SUBSCRIPTION? 1) **STOP ORDER/ CASH**
3 MONTHS..... 6 MONTHS..... 12 MONTHS.....
EMPLOYMENT NUMBER.....

SNA BANKERS; STANDARD BANK MANZINI MAIN BRANCH, ACC. 9110 0026 88495

OATH: I DO COMMIT MYSELF AS A MEMBER OF THIS UNION AND I WILL ABIDE BY ITS
LAWS AND ETHICS OF THE PROFESSION AT LARGE.
I AUTHORIZE MY BANK TO DEBIT MY ACCOUNT.....

SIGNED AT.....ON THE.....SIGNATURE.....

NB. Subscription is at 0.5% of basic salary plus 34 emalangeni compulsory funeral benefit.