



South African Communist Party



4th Floor Cosatu House, 110 Jorisson Street, Braamfontein 2017. P.O Box 1027 Johannesburg 2000
Tel (011 339-3621/2, Fax (011) 339-4244, e-mail:info@sacp.org.za

MEMBERSHIP APPLICATION FORM

Membership No:		Province:	
District:		Branch:	
Surname:		Name:	
Date of Birth:		ID:	
Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>	
Contact Details: Tel. Home		Work:	
Fax:		Cell:	
E-mail:			
Residential Address:			
			Postal Code:
Postal Address:			
			Postal Code:
What Language can you Read or Write?			
What Other Organisations do you Belong to?			

Other Information:

Education: None <input type="checkbox"/>	Std.5 <input type="checkbox"/>	Std. 8 <input type="checkbox"/>	Matric <input type="checkbox"/>	Post Matric <input type="checkbox"/>
Occupation: Student <input type="checkbox"/>	Worker <input type="checkbox"/>	Professional <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>
MP <input type="checkbox"/>	Clr <input type="checkbox"/>	Min <input type="checkbox"/>	or.....	
Do you Live in a : Informal Settlement <input type="checkbox"/>				
Rented House/Flat <input type="checkbox"/>				
Own House/ Flat <input type="checkbox"/>				

PLEDGE: I.....solemnly declare that I will abide by the aims and objectives of the SACP as set out in the Constitution and the Party programme that I am joining voluntarily and without any motive of personal gain or material advantage and that I will participate in life of the organisation as loyal, active and disciplined communist.

Signature:

Date:

DEBIT ORDER

(Please fill in clearly using block or printed letters (tick the correct box))

A. Authority				
NAME OF ACCOUNT HOLDER:				
ADDRESS:				
NAME OF BANK				
NAME OF BRANCH (BANK)				
BRANCH CODE				
BANK ACCOUNT NUMBER				
TYPE OF ACCOUNT (Cheque/ Savings/ Transmission)				
CELL NUMBER				
COMMENCEMENT DATE / ACTION DATE		1 ST	15 TH	25 TH OTHER(Specify)
NAME OF BENEFICIARY AND ABBREVIATED NAME		South African Communist Party (SACP)		
Gross Salary per month		Levy		
R3 500 - R4 999		R50		
R5 000 - R9 999		R100		
R10 000 - R14 999		R150		
R15 000 - R19 999		R200		
R20 000 - R29 999		R300		
R30 000 - R39 999		R450		
R40 000 - R59 999		R1000		
R60 000 - R79 999		R1500		
R80 000 - R99 999		R2 000		
R100 000 +		R2 500		
Voluntary Contribution				
The African Communist		Workers R54 plus postage x 4 = R140 pa Professionals R84 Plus R16 postage x 4 = R200 pa Institutions R104 plus R16 postage x 4 R240 pa		
Umsebenzi		R3 Plus R4 postage per issue x 12 = R150 per annum		
Card fee		Unemployed / Students / Pensioners R20 per annum Employed R50 per annum		
Foreign Subs		The African Communist \$60 per annum Umsebenzi \$70 per annum		
<p>I _____ (Fullname and Surname), ID Number _____</p> <p>_____ hereby authorise South African Communist Party to issue and deliver payment instructions to South African Communist Party's Banker for collection against my above-mentioned account at my above-mentioned Bank (or any other Bank or branch to which I may transfer my account) on condition that the sum of such payment instructions will never exceed my obligations as agreed and commencing on and continuing until this Authority and Mandate is terminated by me by giving South African Communist Party notice in writing.</p> <p>The individual payment instructions so authorised to be issued must be issued and delivered monthly.</p> <p>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 number must be included in the said payment instruction and if provided to me should enable me to identify the Agreement.</p>				
B. Mandate				
I/We acknowledge that all payment instructions issued by South African Communist Party shall be treated by my above-mentioned Bank as if the instructions have been issued by me personally.				
C. Cancellation				
I/We agree that although this Authority and Mandate may be cancelled by me, I shall not be entitled to any refund of amounts which South African Communist Party has withdrawn while this Authority was in force.				
D. 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.				
Signed at _____ on this _____ day of _____ 20_____				
_____ (Signature)				