WASP Membership Form

Workers & Socialist Party Province: _____ Branch: _____

Name: _____

Address: _____

_____

ID/Passport No: | | | | | | | | | | | | | |

Cell number: | | | | | | | | | | |

Email: | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Male ☐
Female ☐
Worker ☐
Unemployed ☐
Student ☐

Trade union (if any): _____

Community organisation (if any): _____

_____

Please turn over and pledge a monthly subscription to complete this membership application.

WASP organisers: Please keeo this form for your local records and make a copy to send to national office.

Please pay your sub directly into WASP's bank account using the following details.
Account name: Wasp. Bank: Absa. Acc no: 4081935745.
IMPORTANT: Please use "your branch" + "your surname" as the reference. E.g. TSH SEBEI (TSH = Tshwane)

WASP Workers & Socialist Party

081 366 7375 • workersandsocialistparty@gmail.com • www.workerssocialistparty.co.za

MONTHLY SUBSCRIPTION

I _____ (name) agree to pay R _____ per month by cash deposit at ABSA ATM ☐ debit order/transfer ☐ on the _____ day of each month.

- I understand that I will only be recognised as a member after I have paid my first sub.
- I understand that it is my responsibility to make sure my sub is paid every month.
- I agree to being contacted by a representative of WASP if my sub is more than 7 days late.
- I understand that if I miss 3 months subs I will no longer be a member in good standing.
- I agree to contact a representative of WASP if my circumstances change and affect my sub.

Signed _____ Date: Y Y M M D D