



SOUTH AFRICAN LIBERATED PUBLIC SERVICE WORKERS UNION

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CANCELLATION OF TRADE UNION MEMBERSHIP

Employee's Full Name:

Title: Gender: Date Birth:

I.D. Number: Membership No:

Employing Department/ Institution:

TRADE UNION MEMBERSHIP TERMINATION AUTHORISATION

I hereby authorize the employer to terminate my union membership for:

.....

abbreviated as with effect from

.....
SIGNATURE

.....
DATE