ZIMBABWE ENGINEERING METAL TRADES AND ALLIED WORKERS UNION

Z.E.M.T.A.W.U

UNION OF CHOICE

STOP ORDER FORM

Date:..... Tel:.....

.....

.....

I/We authorize our employer to deduct from our/my wages the appropriate amounts set out below

a) On the last day of the month in which Stop Order/s form is presented to the Employer the sum of $..... being entrance fee and subscriptions for the month.

b) Thereafter on the last day of each succeeding month deduct 3% of one's wage or salary remit the same Union.

c) I/We acknowledge that my/our membership of the Union shall date from the month in which the Stop Order/s is presented to my Employer and shall remain in force until my/our Union informs the employer of the cancellation thereof on an official form.

NAME	WORKS NUMBER	I.D. NUMBER	CLASS/ GRADE	SIGNATURE