



P. O. Box 11117, Pota Post Office, Palapye, Botswana, Email: bbowasewu@gmail.com

BOWASEWU MEMBERSHIP APPLICATION FORM

I,..... of employee No..... do hereby apply for BOWASEWU Membership.

Name of employer:

ID No:..... DOB:..... Gender: **Male** or **Female** (tick appropriate)

Position:

Band: Duty Station:

Cell: Email:

Please deduct P50 from my salary in respect of the Union monthly membership subscription

Signature of applicant

.....

Name of Witness

.....

Signature of Witness

.....

Date:

Date:

