



Health and Allied Workers Union (HAWU)

Membership Application Form

SECTION 1: PERSONAL INFORMATION

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Gender: () Male () Female

Nationality: _____

ID/PPN/DP: _____

Home Address: _____

Mailing Address (if different): _____

Phone Number: _____

Email Address: _____

SECTION 2: EMPLOYMENT DETAILS

Employer Name: _____

Job Title: _____

Department: _____

Employment Type: () Full-Time () Part-Time () Contract () Other: _____

Work Address: _____

Work Phone Number: _____

Work Email (if applicable): _____

SECTION 3: MEMBERSHIP DETAILS

Are you currently a member of another union? () Yes () No

If yes, which union? _____

Reason for Joining HAWU: _____

Preferred Method of Communication: () Email () Phone () WhatsApp () Mail

SECTION 4: PAYMENT DETAILS

Monthly Membership Dues: _____

Preferred Payment Method: () Payroll Deduction () Direct Deposit () Cash

SECTION 5: DECLARATION & SIGNATURE

I, _____, hereby apply for membership in the Health and Allied Workers Union (HAWU).

I agree to abide by the rules and regulations of the union.

I confirm that the information provided above is accurate and truthful.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Application Received By: _____

Date Received: _____

Membership Approved: () Yes () No

Membership Number: _____

Remarks: _____

Authorized By: _____ Position: _____

Signature: _____ Date: _____