

NATIONAL BARGAINING COUNCIL

for the Hairdressing • Cosmetology • Beauty & Skincare Industry

Fax: (011) 760-1274
P O Box 1963, ROODEPOORT, 1725

Tel: (011) 760-1685
15 EDWARD STREET, ROODEPOORT, 1724

hci Sick Pay Fund

APPLICATION FORM FOR MEMBERSHIP

Fund No. Union No. (if any)

Surname

First names

Identity No.

Date of Birth (Year) (Month) (Day)

Member's Address (NOT the Salon Address)

.....

.....

..... Code

Telephone No. (At Work)

(At Home)

Employed By (Employer's Name and Address) :

.....

.....

..... Code

Occupation :

NATIONAL BARGAINING COUNCIL

for the Hairdressing • Cosmetology • Beauty & Skincare Industry

Answer the questions below for statistical purposes:

Sex (Male/Female)	Language (English/Afrikaans/Other – State Which)	Marital Status (Married/ Single/Divorced/ /Widowed)	Self-Employed (YES/NO)

I, the undersigned, hereby apply to be registered as a member of the hci Sick Pay Fund and hereby agree to abide by the provisions of the Fund's rules in force from time to time

Date : Member's Signature : _____
