



Jamaica Teachers' Association

MEMBERSHIP APPLICATION FORM

AUTHORIZATION AND DEDUCTION FROM TEACHERS' SALARIES

FULL NAME	<input type="text"/>	Title (Mr./Mrs./Miss/Dr.)
INSTITUTION	<input type="text"/>	
ADDRESS	<input type="text"/>	PARISH <input type="text"/>
TRN	<input type="text"/>	TEACHER'S No. /EMPLOYMENT No. <input type="text"/>
HOME ADDRESS	<input type="text"/>	PARISH <input type="text"/>
CONTACT#	<input type="text"/>	EMAIL <input type="text"/>
QUALIFICATION	<input type="text"/>	SCALE <input type="text"/>

TO: MINISTRY OF EDUCATION [] BURSAR [] EARLY CHILDHOOD COMMISSION [] HEART Trust/NTA []

Please cause the amount equivalent to one percent (1%) of my gross salary or such sums as may be approved by conference from time to time to be deducted monthly for payment to the Jamaica Teachers' Association in respect of Membership Fee.

This authority will remain in force unless cancelled by the joint signatures of myself and the Secretary General of the Jamaica Teachers' Association.

Applicant's Signature

Date _____ 20____

Recruiter _____ Institution _____ Contact # _____
PRINT

FOR OFFICE USE ONLY

RECOMMENDED BY: _____ DATE _____
Deputy Secretary General/ Regional Officer/Liaison officer

APPROVED BY: _____ DATE _____
Secretary General