



Jamaica Teachers' Association

APPLICATION FOR MEMBERSHIP

ASSOCIATE, STUDENT AND RETIRED

FULL NAME	<input type="text"/>	Title (Mr./Mrs./Miss/Dr.)	<input type="text"/>
NAME of 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 No.:	<input type="text"/>	EMAIL	<input type="text"/>
QUALIFICATION	<input type="text"/>		

ANNUAL FEES
ASSOCIATE \$2000 [] STUDENT \$200 [] RETIRED \$200 []

OPTIONAL FOR ASSOCIATE MEMBERS ONLY

Please cause the amount of \$2000.00 or such sums as may be approved by conference from time to time to be deducted from my salary annually for payment to the Jamaica Teachers' Association in respect of membership fees. []

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_____

FOR OFFICE USE ONLY

RECOMMENDED BY: _____ DATE _____

Deputy Secretary General/ Regional Officer/Liaison officer

APPROVED BY: _____ DATE _____

Secretary General