



Jamaica Teachers' Association

APPLICATION FOR MEMBERSHIP

ASSOCIATE, STUDENT AND RETIRED

FULL NAME		Title (Mr./Mrs./Miss/Dr.)	☐ ☐ ☐ ☐
NAME of INSTITUTION			
ADDRESS		PARISH	
TRN:		TEACHER'S No. /EMPLOYMENT No.	
HOME ADDRESS:		PARISH	
CONTACT No.:		EMAIL	
QUALIFICATION			

ANNUAL FEES
ASSOCIATE \$4000 ☐ STUDENT \$200 ☐ RETIRED \$200 ☐ \$1000 ☐ RETIRED (LIFE) \$2000 ☐

OPTIONAL FOR ASSOCIATE MEMBERS ONLY

Please cause the amount of \$4000.00 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 _____

FOR OFFICE USE ONLY

RECOMMENDED BY: _____ DATE _____

Deputy Secretary General/ Regional Officer/Liaison officer

APPROVED BY: _____ DATE _____

Secretary General