



Jamaica Teachers' Association

MEMBERSHIP APPLICATION FORM

AUTHORIZATION AND DEDUCTION FROM TEACHERS' SALARIES

FULL NAME

Title (Mr./Mrs./Miss/Dr.)

☐ ☐ ☐ ☐

INSTITUTION

ADDRESS

PARISH

TRN

HOME ADDRESS

PARISH

CONTACT#

EMAIL

QUALIFICATION

SCALE

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.

Date

Applicant's Signature

Recruiter

Institution

Contact #

PRINT

Recruiter's Bank Information

Name of Bank

Account Number

Account type

☐

Savings

☐

Chequing

Branch

Pick up: Yes

☐

No

☐

Certifying Staff Signature

FOR OFFICE USE ONLY

RECOMMENDED BY:

DATE

Regional Secretary/ Regional Officer

APPROVED BY:

DATE

Regional Officer/ Chief Accountant/ Assistant Secretary General/ Deputy Secretary General/ Secretary General

Completed form may be emailed/delivered to JTA's Regional Offices. All forms sent electronically should be accompanied by certified copy of a National ID.
South Central - jtasouthcentralregion@hotmail.com, West - jtawesternregion@gmail.com,
North East - portmariajta@yahoo.com, South East - jtasoutheastregion97B@yahoo.com