

97B Church Street Kingston 876 922-1385-7	
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JTA Membership Recruitment Claim Form

Name of Recruiter _____

Contact Number (s) _____

Email Address _____

Institution _____

Recruitment Period 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ Submission Date 9/30/25

1st Quarter Claims submitted by last working day in April, 2nd Quarter Claims by July, 3rd Quarter by November and 4th Quarter by January. All payments are to be made within two months of submission deadline.

Banking information of Recruiter

Name of Bank	_____
Branch	_____
Type of account	_____
Account Number	_____

FOR OFFICE USE ONLY

RECOMMENDED BY: _____ DATE _____
Deputy Secretary General

APPROVED BY: _____ DATE _____
Secretary General

AMOUNT _____

Jamaica Teachers' Association
MEMBERSHIP RECRUITMENT CLAIM FORM

Name	TRN	School	Pick Up	Comments

Information relevant to the person(s) recruited should be placed in the first three columns. Final Column is for Office use ONLY.

Kindly submit forms to jtamembershiprecruitment@gmail.com or the nearest regional office.