



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 _____ 20____

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