

**JAMAICA ASSOCIATION OF LOCAL GOVERNMENT OFFICERS**

15a Old Hope Road (3<sup>rd</sup> Floor), Kingston 5  
 Telephone: 926-8233/929-5123 Fax: 960-4403  
 Website: [www.jalgounion.org](http://www.jalgounion.org)  
 E-mail: [jalgo@cwjamaica.com](mailto:jalgo@cwjamaica.com)



**APPLICATION OF MEMBERSHIP**

**DATE:**

**BRANCH:**

<b>Name: (Last</b>	<b>First</b>	<b>M.I.)</b>	<b>Address</b>	<b>(Home)</b>	<b>Tel#</b>
<b>Date of Birth:</b>			<b>Sex:</b>		
<b>Occupation:</b>			<b>Station</b>	<b>Tel#</b>	
<b>Date of Employment:</b>			<b>Date of Current Position:</b>		
<b>Nominated by:-</b> Signature of 2 Members			<b>Approved by:-</b>		
.....			Branch Chairman:.....		
.....			Branch Secretary:.....		
Date:.....			Date:.....		

I hereby confirm that the information given is correct and undertake to accept the constitution of the Association, to comply with the rules of the Branch and to pay the monthly subscription of membership set from time to time by the Executive Council.

Signature:.....

Please deduct dues at the rate of One Percent (1%) from my basic salary monthly/weekly/fortnightly the amount of \$..... and pay over to General Treasurer, JALGO, 15a Old Hope Road, Kingston 5 as my membership subscription to the Association commencing.....  
 This notice is irrevocable except on the instructions of JALGO.

Signature:.....

Name:.....

Department:.....

Position:.....

Staff #.....