

JAMAICA ASSOCIATION OF LOCAL GOVERNMENT OFFICERS



15A Old Hope Road (2nd Floor) Kingston 5

Telephone: (809) 926-8233, 929-5123, Fax: (809) 960-4403

Website: www.jalgo.com

E-mail: jalgo@jcwjamaica.com

APPLICATION OF MEMBERSHIP

DATE :-----

BRANCH :-----

Name: (Last	First	M.I)	Address	(Home)	Tel#
Date of Birth			Sex:		
Occupation:			Station	Tel#	
Date of Employment:			Date of Current Position:		
Nominated By :-		Signature of 2 Members		Approved By:-	
		-----		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/weekly subscription of membership.

Signature:-----

Please deduct from my salary monthly/weekly the amount of \$-----and pay over to General Treasurer, JALGO, 15a Old Hope Road, Kingston 5 as my membership subscription to the Association commencing-----Signature:-----

Name:-----

Department :-----

Position :-----

Staff #:-----