



Jamaica Civil Service Association

Secretariat: 10 Caledonia Avenue P.O. Box 106 KINGSTON 5
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 Website: www.jacisera.org; E-mail: jcsasecretariat@jacisera.org

APPLICATION FOR MEMBERSHIP

SECTION A – BIOGRAPHICAL INFORMATION

1. Last Name: _____

2. First Name: _____

3. Middle Name(s): _____

4. Sex: Male Female

5. Marital Status: Single Divorced
 Married Widowed
 _____ Other

SECTION B – CONTACT DETAILS

1. Home Address: _____

2. Email Address: _____

3. Tel: _____ / _____

4. N.I.S # _____ T.R.N _____

5. Date of birth: [_____] / [_____] / [_____] (dd/mm/yy)

SECTION C – EMPLOYMENT INFORMATION

1. Min/Dept/Agency: _____ 2. Address: _____

3. Work No. _____ 4. Type of employment: Temporary Contract Permanent

4. Date of initial employment: [_____] / [_____] / [_____] (dd/mm/yy) 5. Date of 1st permanent appointment: [_____] / [_____] / [_____] (dd/mm/yy)

6. Substantive post & grade: _____ 7. Basic salary: _____ [F/M/A]

8. From where is your salary paid (Min/Dept/Agency) _____

SECTION D – DEDUCTION ORDER

For valuable consideration and also in consideration of this memorandum under hand of even date herewith between the **Jamaica Civil Service Association** and _____ insert name here. I hereby give this irrevocable order for the deduction from my salary monthly of the equivalent **sum of 1% of basic salary** in favour of the above named Association commencing from the first day of the month of [_____] / [_____] / [_____] (dd/mm/yy). This supersedes previous order if any. I further request that this sum deducted be paid to the above Association in such manner on a monthly basis, as it may direct. This order is valid and when approved by the Association, it shall remain in force until you are advised by the said Association that all the deductions shall cease.

1. [_____] (signature of applicant) [_____] (dd/mm/yy)

2. [_____] (name of proposer) [_____] (signature of proposer) [_____] (dd/mm/yy)
- proposer must be a member/staff of the Jamaica Civil Service Association/staff of JCSMTS Ltd. -

3. [_____] (name of verifier) [_____] (signature of verifier) [_____] (dd/mm/yy)
- Personnel Officer/Accountant/Head of Department - [_____] (company stamp/seal)

FOR OFFICIAL USE ONLY - JCSA

_____ (AUTHORIZED SIGNATURE) _____ (MEMBERSHIP NO.) _____ (TRACKING NO.) _____ (FIRST SUBSCRIPTION) [_____] (official stamp)

EMPLOYER'S COPY

AFFILIATED ORGANISATIONS:
 Public Services International (PSI), Caribbean Public Services Association (CPSA)
 Jamaica Confederation of Trade Unions (JCTU)