

**UNION OF TECHNICAL, ADMINISTRATIVE AND SUPERVISORY PERSONNEL
(UTASP)**

SHOP #8. 3 BEECHWOOD AVENUE, KINGSTON 5

TELEPHONE 876 754-4905 FAX 876 754-4906

**APPLICATION FOR MEMBERSHIP TO THE CENTRAL EXECUTIVE
COMMITTEE(UTASP)**

I hereby make application for membership in your union, and agree to accept condition of all rules and regulations.

Full Name _____ Residence _____

Category of work _____ Monthly Rate of pay \$ _____

Seniority _____

To whom Employed _____ Where Employed _____

I enclosed the sum of \$ _____ Entrance Fee \$ _____ Monthly Sub _____

Signature _____ Date _____

UNION OF TECHNICAL, ADMINISTRATIVE AND SUPERVISORY PERSONNEL (UTASP)

SHOP #8. 3 BEECHWOOD AVENUE, KINGSTON 5

TELEPHONE 876 754-4905 FAX 876 754-4906 E-MAIL info@utaspja.org

I _____ The Undersigned of

Employed as _____ hereby request and authorize Messrs _____

To deduct from my salary on month ending _____ the sum of _____

Made up as follows:

Entrance fee \$ _____ Monthly Dues _____ and deduct from my salary each month as of Month ending _____ The sum of _____ or any future sum decided by the Central Executive Committee of (UTASP) and remit same to the **UNION OF TECHNICAL, ADMINISTRATIVE AND SUPERVISORY PERSONNEL 3 Beechwood Avenue Kingston 5** as long as this authorization remains in force.

Witness _____

Signature _____

Date _____

Date _____