GUYANA PUBLIC SERVICE UNION

Motto: "Justice for the Public Employee"

MEMBERSHIP APPLICATION FORM

Name:	(Name in full in Block letters)
Designation:	nte of First Appointment:
(Block Letters) Name of Ministry/Department/Region/Agency:	
Place of Employment:	
Office Address:	Tel. No:
Home Address:	Tel. No:
Signature:	Date:
 Dues are payable in advance each month. It is that the correct dues are deducted from his/he. Membership is automatic for persons qualify immediately on receipt of the first monthly pay. The rules provide for the Executive Council's who were formerly members of the union and 	r salary and paid to the Union at all times. ying in keeping with the Rules of the Union yment. s prior approval to the acceptance of persons are re-applying.
FOR OFFICIA	AL USE
Date of initial payment:	
Certified by:(Treasurer)	Date:
Guyana Public Se	rvice Union
То:	
I the undersigned hereby authorize the deduction of \$\frac{9}{2}\$ Dues to be paid over to the General Secretary of the \$\frac{1}{2}\$	Guyana Public Service Union with effect from ction and payment to the Union of any other
Full Name:	
Place of Employment:	
Signature:	2:
Guyana Public Se	rvice Union
То:	
I the undersigned hereby authorize the deduction of \$\frac{9}{2}\$ Dues to be paid over to the General Secretary of the \$\frac{9}{2}\$	Guyana Public Service Union with effect from ction and payment to the Union of any other
Full Name:	gnation/Post:
Place of Employment:	
Signature:	
Guyana Public Ser	rvice Union
То:	
I the undersigned hereby authorize the deduction of \$\\$Dues to be paid over to the General Secretary of the \$\cdots\$	52,000.00 per month from my salary as Union Guyana Public Service Union with effect from ction and payment to the Union of any other
· · · · · · · · · · · · · · · · · · ·	
Full Name:	
Signature:	
orginatureDatt	