



Membership No. _____

Date of Entrance. _____

NAME _____ SEX M F
SURNAME FIRST NAME MIDDLE NAME

NATIONALITY _____

COUNTRY OF BIRTH _____

HOME ADDRESS _____

OCCUPATION _____

COMPANY/EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

CONTACT NO. (Home) _____ (Work) _____ (Cell) _____

EMAIL ADDRESS _____

SOCIAL SECURITY NO: _____

DATE OF BIRTH: ____/____/____
D M YR

I agree to comply with all rules and regulations stipulated in the Constitution of the Antigua & Barbuda Workers' Union and any amendment(s) made to the said Constitution by the Annual Delegates conference.

Signature: Date: ____/____/____



ANTIGUA AND BARBUDA WORKERS' UNION
AUTHORIZATION FOR THE DEDUCTION OF UNION DUES

Company Name: _____

I _____ hereby authorize a **one-time only** deduction of **Twenty-five dollars** (\$25.00) to be submitted to the General Secretary of the Antigua & Barbuda Workers' Union. This sum represents my registration fee, on becoming a member of the Union.

I further authorize my Employer, to deduct the sum of **ten dollars** (\$10.00) **weekly** from my (weekly/monthly) earnings, commencing _____ and submit the sum to the **General Secretary** of the **Antigua & Barbuda Workers' Union** on or before the **15th** of the **following month**. This sum represents my Membership Dues.

Employee signature: Date: ____/____/____

