



# ANTIGUA AND BARBUDA WORKERS' UNION

<b>OFFICE USE ONLY</b>
Membership No. _____
Date of Entrance. ___/___/___

## MEMBERSHIP APPLICATION FORM

NAME \_\_\_\_\_ SEX  M  F

SURNAME                      FIRST NAME                      MIDDLE NAME

NATIONALITY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

COMPANY/EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

CONTACT NO. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (cell) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY NO: 

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DATE OF BIRTH                      D                      M                      YR

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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: \_\_\_\_/\_\_\_\_/\_\_\_\_

### AUTHORISATION FOR THE DEDUCTION OF UNION DUES

THE MANAGER,

Company Name: \_\_\_\_\_

I \_\_\_\_\_ hereby authorize **one** deduction of Twenty-five dollars

**(\$25.00)** as Entrance Fee.

I further authorize the sum of **\$10.00** weekly to be deducted from my weekly wages commencing \_\_\_\_/\_\_\_\_/\_\_\_\_ and submit the sum to the General Secretary of the Antigua & Barbuda Workers' Union on or before the 15<sup>th</sup> of the following month.

.....  
Signature of Employee

.....  
Date

