



SAINT LUCIA TEACHERS' UNION

MEMBERSHIP APPLICATION FORM

(Please read the form carefully and complete it fully)

I of
(Print full name) (School/Department)

hereby apply to be enrolled as a member of the Saint Teachers' Union (SLTU) and to be entitled to the benefits and rights of such a member. I agree unreservedly to adhere to SLTU's Constitution, regulations and ethics and any amendments to the foregoing.

USUAL SIGNATURE: _____ Date: _____

Applicant's Data

Date of appointment to teaching profession:

Date of birth: Employee (Staff) I.D:

Tel: (h)..... (sch)..... (m).....

Grade:

Address (postal):

.....

E-mail:

Qualifications

.....

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Hobbies:

Special Skills:

Interests:

FOR OFFICIAL USE ONLY

Approved/Denied

Reason for Denial:

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SLTU I.D Card Number

.....
Date Issue

.....
General Secretary

.....
Date