



BARBADOS SECONDARY TEACHERS' UNION

MEMBERSHIP APPLICATION FORM

Please read through the form carefully before completing it.

1. Name of applicant for membership		
_____	_____	_____
Surname	Christian Name(s)	Title: Mr./Ms. etc
2. Birthdate _____ / _____ / _____	3. National Insurance Number _____	
day / month / year		
4. Address for mailing purposes	3a. Tamis Number _____	
_____	_____	
_____	_____	
5. E-mail address _____	6. Home telephone number(s) _____	7. Mobile number (optional) _____
8. Place of employment _____		
9. Subject(s) taught _____		
10. Sub-committees on which you might like to serve:		
<input type="checkbox"/> Information/Research	<input type="checkbox"/> Fundraising/Events Planning	
<input type="checkbox"/> Occupational Health & Safety/Building	<input type="checkbox"/> Curriculum/Professional Development	
11. Hobbies _____		
12. Skills _____		
13. Interests _____		
_____		_____
Signature		Date (Day / Month / Year)



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PAYMENTS AUTHORISATION FORM

(Complete two forms. Forward one to employer/Secretary Treasurer and the other to General Secretary, BSTU)

1. Name of person requesting dues deduction and payment

Surname Christian names title: Mr./ Mrs./Ms. etc.

2. _____

Name of school 3. Address of school

4. Amount to be deducted from salary each month and paid to the Barbados Secondary Teachers' Union

(Membership dues): \$20.00

5. Date from which authorisation is effective

____/____/____

Day / Month / Year

6. _____

Signature of person authorising dues deduction and
payment to the Barbados Secondary Teachers Union

7. _____

Day / Month / Year