

An Affiliate of the NCTUB

MEMBERSHIP APPLICATION FORM

A. PERSONAL DATA

Name _____

P.O. Box _____ Street Address _____

Phone (H) _____ (O) _____ (Cell) _____

Birth Date _____ Country of Birth _____ Nationality _____

Email address _____

B. EMPLOYMENT DATA

Payroll Title _____ Employee Number _____

Date of Employment _____ School/Department _____

Employment Status (please check one) Contract Non-contract

Contract (previous position(s) at UB, if any) _____
(Title, School/Division, Year)

C. AREAS OF EXPERTISE/INTEREST (academic and/or non-academic)

D. EXPECTATIONS OF UNION (What do you expect from UTEB?)

It is my desire to become a member of the Union of Tertiary Educators of The Bahamas. I pledge to abide by the Constitution and Bylaws of the Union and to abide by the Industrial Agreement.

(Signature)

(Date)

I, _____, a full-time employee of the University of The Bahamas, hereby authorize the monthly deduction of forty dollars (\$40.00) from my salary for payment of UTEB dues. These deductions are to continue until I give written notification indicating otherwise.

(Signature)

(Date)