



## ***Dominica Public Service Union (DPSU)***

# **Application for Membership**

Woman  Man

*Please complete this form using **CAPITAL LETTERS***

Name: \_\_\_\_\_  
*First name Middle name Last name*

Home/mailling address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell #: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Date of Birth: (d) \_\_\_\_\_ (m) \_\_\_\_\_ (y) \_\_\_\_\_

Personal email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

*I hereby apply for membership in the Dominica Public Service Union (DPSU). I agree to abide by all the rules and regulations of the Union and to support the Union to the best of my ability.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# DOMINICA PUBLIC SERVICE UNION

## SALARY DEDUCTION FORM

From (name): \_\_\_\_\_

Ministry: \_\_\_\_\_

Place of work: \_\_\_\_\_

To: The Votes Clerk/Accounting Officer  
\_\_\_\_\_

I hereby authorize you to deduct the sum of twenty dollars (\$20.00) or any amount that may be decided from time to time by the general membership, from my salary beginning the month of \_\_\_\_\_20\_\_\_\_\_ and every month thereafter to be paid to the Dominica Public Service Union as subscription fees.

I agree to notify the Executive Committee in writing of my intention to stop deductions.

SIGNATURE: .....

WITNESS: .....

DATE: .....