



## APPLICATION FOR DIRECT MEMBERSHIP

NAME OF APPLICANT (Mr./Mrs./Ms) \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home address \_\_\_\_\_ Phone (H) \_\_\_\_\_

Business address \_\_\_\_\_ Phone (O) \_\_\_\_\_

E-mail address \_\_\_\_\_ Occupation \_\_\_\_\_ Date of birth \_\_\_\_\_

Constituency \_\_\_\_\_ Have you ever been a member of any other political party? No  Yes

If YES, Name of Party \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Are you currently involved in any party work? No  Yes

(a) If YES, please give details: \_\_\_\_\_

(b) If NO, are you willing to assist in party work? Indicate the area you would be willing to assist:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> HOUSE TO HOUSE VISITS | <input type="checkbox"/> YOUTH ORGANISATION | <input type="checkbox"/> BRANCH ORGANIZATION    |
| <input type="checkbox"/> SPEAKING ASSIGNMENT   | <input type="checkbox"/> MEMBERSHIP DRIVE   | <input type="checkbox"/> ENUMERATION            |
| <input type="checkbox"/> CAMPAIGN ACTIVITY     | <input type="checkbox"/> FUND RAISING       | <input type="checkbox"/> TRANSPORTATION         |
| <input type="checkbox"/> RESEARCH ACTIVITIES   | <input type="checkbox"/> PUBLIC RELATIONS   | <input type="checkbox"/> OTHER (Please specify) |

**TO:**  
**The General Secretary**  
**Jamaica Labour Party**  
**20 Belmont Road, Kingston 5, Jamaica W.I.**

I, \_\_\_\_\_ having been proposed by \_\_\_\_\_  
 (APPLICANT'S NAME) (MEMBER OF THE CENTRAL EXECUTIVE – PRINT NAME)  
 and seconded by, \_\_\_\_\_, am applying for direct membership to the Jamaica Labour Party.  
 (MEMBER OF THE CENTRAL EXECUTIVE –PRINT NAME)

I affirm my loyalty to the party and pledge to abide by its Rules and Regulations. I enclose the sum of \$\_\_\_\_\_ being the membership fee for the year 20\_\_\_. A picture of myself will be provided if my application is accepted

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

We declare that to the best of our knowledge the Applicant is a fit and proper person to be admitted as a member of the **Jamaica Labour Party**.

\_\_\_\_\_  
 SIGNATURE OF PROPOSER

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 SIGNATURE OF SECONDER

\_\_\_\_\_  
 ADDRESS

OFFICIAL USE ONLY	MEMBERSHIP TYPE	Recommended for consideration
	<input type="checkbox"/> M.P. _____	\$2,500.00
	<input type="checkbox"/> Senator / M.P. Caretaker _____	\$1,500.00
	<input type="checkbox"/> Councillor/Councillor Caretaker _____	\$1,000.00
	<input type="checkbox"/> Regular _____	\$500.00
	<input type="checkbox"/> PD Agent/Worker _____	\$100.00
Date Received:		DATE:
Application No:		