



# TELECOMMUNICATION ENGINEERING DIPLOMATES' ASSOCIATION

## Membership Application

1. Name in Full : .....
2. Employee No : .....
3. Pay Sheet Number : .....
4. Name with Initials : .....
5. National Identity Card No : .....
6. Address : .....
- a. Office : .....
- Telephone : .....
- RTOM Area/Section : .....
- b. Residence : .....
- Temporary : .....
- Telephone : .....
- Permanent : .....
- Telephone : ..... Mobile No: .....
- Email : .....
7. Date of Birth : .....
8. Educational Qualification : .....
8. Professional Qualification : .....

9. Nature of Present Employment:

- a. Date of Appointment: .....
- b. Grade in Service at the Date of Appointment: .....
- c. Designation at the date of Appointment: .....
- d. Present Grade in Service: .....
- e. Present Designation: .....
- f. Details of Work Stations:

From	To	RTOM Area	Section
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

g. Details of Training:

From	To	Nature of Training	Country / Institute
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

10. Previous Employment:

- Name of Employer : .....
- Address Employer : .....
- : .....
- Date of Appointment: .....
- Designation : .....
- Grade in Service : .....
- Date of Leaving : .....
- Reasons of Leaving : .....

11. Has your application for membership been rejected or refused by any union? If so,

- a. Name of Union: .....
- b. Reason for refusal: .....
- c. Date of search refusal: .....

I ..... do here by certify and declare that the particulars given by me in this application are true and correct.

I further declare that the union has a right to reject this application if it is found that there is an incorrect or wrong statement in answer to any of the questions in this application.

I further declare that I have read and understood the provisions of the constitution of this union and agree to abide the same.

Date: .....  
.....  
Signature

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For Photocopy of the National Identity Card

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FOR OFFICE USE ONLY

Entered in Database

Date of receipt of application : .....

Date of approval of membership : .....

Membership No. : .....

Remarks

.....  
.....  
.....

Date: .....

.....  
Signature (Secretary TEDA)