



Botswana Land boards, Local Authorities and Health Workers

Union

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BLLAHWU MEMBERSHIP APPLICATION

Surname:..... Forenames :..... Gender :.....

Omang#/Work Permit#..... Date of Birth:(Day/Month/Year)

Applicant's Branch:..... Applicant's Department.....

Designation:..... Tel No (Work):.....

Locality (Duty Station)..... Cell No:.....

Permanent Home address:.....
(Physical and postal)

Marital Status:..... Qualifications (Level):.....

Full Names of Next of Kin:.....

Address of next of Kin:.....

Cell No:.....

I hereby apply for membership and authorise the Secretary General to deduct membership and funeral subscriptions from my salary

Monthly membership subscription: P.....

Monthly Funeral Scheme premium: P.....

This authorisation takes effect from (month and Year) & shall continue to be in force until cancelled in writing by myself and the Secretary General of BLLAHWU. I pledge to uphold the BLLAHWU constitution, rules, byelaws and regulations at all times. I also pledge to actively participate in all activities of BLLAHWU.

Signed:.....

Date:.....

FOR OFFICIAL USE ONLY

Name of Branch Official:..... Position:.....

Signature:.....

Secretary General:..... Date: