



**Botswana Land boards, Local Authorities and Health Workers**

**Union**

P O Box 201042, Bontleng

Gaborone

Tel: +267 3932399

Fax: +267 3932390

Email: [bllahwuinfo@mokaulengwe.co.bw](mailto:bllahwuinfo@mokaulengwe.co.bw)

Website: [www.bllahwu.com](http://www.bllahwu.com)

**BLLAHWU MEMBERSHIP APPLICATION**

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

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

Applicant's Branch:..... Applicant's Paypoint.....

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: .....