

Secondary skills

Training obtained in technical areas other than Electrical Technology but can be used periodically to enhance service delivery. These can relate to Computer base skills, Autocad drawing, teaching, accounting, gas or diesel engine repairs, etc.

Skill Area	Experience	Certification (if any)

SUBSCRIPTION RATE

Subscription rates from 1 January 2013 until 31 December 2013 (Fees correct at time of print and subject to change in January 2014)

Payment can be made by annual Direct debit or at the Bank using applicable Bank voucher please complete the relevant section overleaf. Alternatively you can pay by Cash cheque/bank draft, please make it payable to the 'Jamaica License Electricians Association' and write your name address and licence number on the reverse.

Please tick appropriate box

\$3,500 – Registration Fee

\$7,000 - 1 year Membership Fee

Membership Fee Payment plan: - (one annual payment Two equal 1/2 yearly payments or Three equal quarterly payments

Part-time Postgraduate Students Subscription Rates

If you are a part-time postgraduate student you are not eligible for student membership. However, you can apply for membership of the JLEA with designator letters.

Declaration

I declare that the statements made on this form are to the best of my knowledge true. I agree to comply with The Code of Ethics, Bye-laws, its constitutions and Rules of Conduct of the Institution of The Jamaica License Electricians Association (JLEA) and understand that this is a commitment to behave ethically within my profession. I will do my best to promote the interests of the JLEA. I confirm that I have not committed any offence of which the JLEA would require me to give notice under its Rules of Conduct. The Rules of Conduct and the Code of Ethics, Bye-laws, Constitutions are published on the website www.jamaica-licence-electricians.org and the Terms and Conditions of Membership can be found www.jamaica-licence-electricians.org

Signature _____

Date

d	d	m	m	y	y	y	y
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THIS SECTION IS FOR OFFICIAL USE ONLY

Supported Not supported

Comments _____

President _____ Date _____

Secretary _____ Date _____

Chairman _____ Date _____

ASSOCIATION STAMP / SEAL _____