

Jamaica Association of Nurse Anaesthetist (JANA)

C/O University of Technology, Jamaica

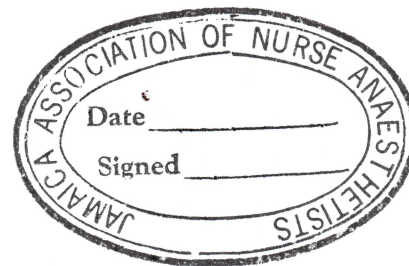
3B Braemar Ave

Kingston 10

Salary Deduction Form

To: Accounts Department

Address: NERHA/SRHA/NERA/WRHA



I _____ hereby authorize the deduction of 1.5% of my salary in favor of the Jamaica Association of Nurse Anaesthetist (JANA) as of _____ 20____,

and I further request that the monthly sum so deducted be forwarded to the Treasurer of JANA. This order shall remain in force until you are advised by the said JANA that the deductions shall cease.

Signature: _____ Place of Work: _____

Mailing Address

Date: _____ Approved by: Chaguan-Smelt
