Jamaica Association of Nurse Anaesthetist (JANA)

C/O University of Technology, Jamaica

3B Braemar Ave

Kingston 10

JAMAICA ASSOCIATION OF NURSE ANAESTHETISTS
Date _____
Signed _____

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: _____