THE GAMBIA TEACHERS UNION (GTU)

MEMBERSHIP CARD FORM (NB: members are please required to provide the information below for the issuance of Membership Cards)

NAME OF SCHOOL ……………………………………………….. CLUSTER ……………………………………….. REGION …………………………………

N O	EMPLOY. NO.	NAME			SEX (F/M)	D. O. B.	DATE 1ST APPOINTED	DATE CONFIRMED	DATE JOINED GTU	TELEPHONE NO(s)	e-MAIL (if any)
		Surname	Middle Name	First Name							