



# LESOTHO ASSOCIATION OF TEACHERS

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## LAT MEMBERSHIP FORM

### *Applicant Particulars:*

SURNAME: \_\_\_\_\_ INITIALS: \_\_\_\_\_

GENDER:  M  F

INITIALS:

MARRIED	SINGLE	WIDOW	WIDOWER
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DATE OF BIRTH: \_\_\_\_\_ PASSPORT : \_\_\_\_\_ CELL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ REG. #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DISTRICT: \_\_\_\_\_ SUB- BRANCH: \_\_\_\_\_ PARISH: \_\_\_\_\_

EMPLOYMENT RECORD:

EMPLOYMENT #: \_\_\_\_\_ REGISTRATION NO: \_\_\_\_\_ PAY POINT: \_\_\_\_\_

DATE OF ENGAGEMENT: \_\_\_\_\_

QUALIFICATIONS:

TEACHING  EXPERIENCE:

DECLARATION: I, the undersigned declare to be a member of Lesotho Association of Teachers (L.A.T), and to pay all subscription fees as agreed upon at the National Delegates Conference.

I also reserve the right to get out of L.A.T. by saying so in writing to L.A.T. with copies to the Teaching Service Department. I therefore authorize TSD to deduct **Twenty Five Maloti (M25.00)** from my monthly remuneration due to Lesotho Association of Teachers for monthly subscriptions.

Applicant Signature: _____	Date: _____
Recruited by: _____	Date: _____
Checked by: _____	Date: _____
Approved by: _____	Date: _____