

Membership number (for official use): _____



The University of Malta Academic Staff Association (UMASA) is a professional association that represents the academic staff at the University of Malta. It is also a trade union registered under the national employment and industrial relations act. A copy of the UMASA statute may be downloaded from <http://www.umasa.org.mt/en/statute>. We are inviting you to take up membership in UMASA. The annual membership fee is €27.95 for full-time members of staff and €13.98 for part-time members. The membership fee is payed automatically through a deduction in your salary every four weeks (€2.15 or €1.08 per pay period, as the case

may be). For this purpose, a Check-Off Authorisation section is also included here. Please complete the Membership and Check-Off Authorisation forms below and then send the original copy to the current UMASA Treasurer, c/o UMASA, Mediterranean Institute, University of Malta, Msida, MSD 2080.

UMASA Membership Form

First name:		Surname:	
Second name:		Title (Mx/Mr/Ms/Dr/Prof/Other):	
Gender (Male/Female/Other):		ID No.:	
Date of birth:		Is this the first time you are applying? (Y/N):	
Post (eg. Lecturer, Professor, RSO I, Visiting Lecturer, etc.):			
Type of appointment (Full time/Part time):			
Faculty/Institute/Centre/School:			
Department/Unit:			
Contact Address:			
Work tel.:		Fax:	
		Home Tel.:	
e-mail:		Mobile:	

I declare that the information supplied in this form is correct and wish to apply for membership UMASA. I understand that, according to the statute, the Membership Committee shall consider this application and its decision shall be final

Date: _____

Signature: _____

Check-Off Authorisation

I the undersigned, hereby authorize the University to deduct from my salary on regular basis the current dues as set by the UMASA Executive Council, for membership in the University of Malta Academic Staff Association (UMASA) and to remit the said amount to the Treasurer of UMASA as my membership dues.

This assignment is voluntary and I understand that I may revoke it at any time in writing.

Signature: _____

Date: _____

Name and surname (in blocks) _____

ID Card No.: _____

Witnessed by: _____
Name & Surname *Signature*

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