



**JAMAICA EMPLOYERS' FEDERATION**

2A RUTHVEN ROAD, KINGSTON 10  
TELEPHONE: (876) 926-6762 or 906-8370  
FAX: (876) 968-4576, 754-2132  
WEBSITE: [www.jamaicaemployers.com](http://www.jamaicaemployers.com)  
E-MAIL: [info@jamaicaemployers.com](mailto:info@jamaicaemployers.com)

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**IN ORDER TO COMPLETE YOUR APPLICATION PROCESS PLEASE ENCLOSE THE FOLLOWING:**

- ◆ MEMORANDUM & ARTICLES OF ASSOCIATION
- ◆ CERTIFICATE OF INCORPORATION
- ◆ TRN NUMBER

**SCALE OF SUBSCRIPTION RATES**

**MEMBERSHIP TYPE:**

<b>INDIVIDUAL</b>	-----	\$20,812 per annum
<b>ASSOCIATIONS</b> (up to 30 workers)	-----	\$43,000 per annum
<b>CORPORATE MEMBERSHIP:</b> (Based on the number of employees)		
Employees 1-30	-----	\$43,000 per annum
Employees 31- 200	-----	\$62,995 per annum
Employees 201 and over	-----	\$80,625 per annum
<b>GROUP</b> of Companies	-----	\$126,312.50 per annum

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**AMOUNT DUE - \$**

**PLEASE COMPLETE AND RETURN WITH YOUR CHEQUE TO THE CAPTIONED ADDRESS**



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**APPLICATION FOR MEMBERSHIP**

The undersigned hereby applies for membership in the Jamaica Employers' Federation and agrees to be bound by the Federation's Constitution and conditions of Membership.

**ORGANIZATION** .....

**ADDRESS** .....

.....

**TELEPHONE** .....**FAX**.....

**EMAIL** .....

**Council representatives will be: -**

<b>Names</b>	<b>Job Title</b>	<b>Telephone</b>
1. _____	<b>CEO</b>	_____
2. _____	<b>Chief Finance Officer</b>	_____
3. _____	<b>Chief Operations Officer</b>	_____
4. _____	<b>Chief Marketing Officer</b>	_____
5. _____	<b>Chief HR Officer</b>	_____
6. _____	<b>Chief IT Officer</b>	_____

Dated this \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**JEF DATA REQUEST FORM**  
(Please print and use additional paper if necessary)

COMPANY NAME \_\_\_\_\_ DATE COMPANY FORMED \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ FAX No. \_\_\_\_\_

Please list Names of Company Representative (1-5)

Name \_\_\_\_\_ CEO \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_ HR Manager \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_ Marketing Manager \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_ Financial Controller \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_ Training Manager \_\_\_\_\_ E-mail Address \_\_\_\_\_

NATURE OF BUSINESS: (Please check the appropriate box)

AGRICULTURE, FORESTRY & FISH  MINING & QUARRYING  MANUFACTURING

CONSTRUCTION  ELECTRICITY, GAS & WATER

TRANSPORT, STORAGE & COMMUNICATION

FINANCE, INSURANCE, REAL ESTATE & BUSINESS SERVICES

WHOLESALE & RETAIL TRADE, HOTELS & RESTAURANT SERVICES

COMMUNITY, SOCIAL & PERSONAL SERVICES

Other (SPECIFY) \_\_\_\_\_

PRINCIPAL PRODUCT: \_\_\_\_\_

RANGE OF EARNINGS:  1 - 4.99M  5M – 199.99M  200M & OVER

WORKFORCE SIZE (inclusive of temporary, contract, part-time etc.) \_\_\_\_\_

NUMBER OF BARGAINING UNITS: \_\_\_\_\_

\_\_\_\_\_ Date Completed

\_\_\_\_\_ Authorized Signature

PLEASE RETURN COMPLETED TO JAMAICA EMPLOYERS FEDERATION, 2A RUTHVEN ROAD KINGSTON 10



“The Voice of Jamaica’s Employers’, Proving Workplace Solutions”

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## JEF DATA REQUEST FORM

### FOR UNIONIZED ORGANIZATIONS

NUMBER OF BARGAINING UNITS: \_\_\_\_\_

NAME OF UNION(S)/ASSOCIATION(S) REPRESENTING:

MANAGER'S \_\_\_\_\_ CLERICAL \_\_\_\_\_

SUPERVISORY \_\_\_\_\_ HOURLY PAID \_\_\_\_\_

TECHNICAL \_\_\_\_\_

NUMBER OF EMPLOYEES UNIONIZED:

MANAGERS \_\_\_\_\_

SUPERVISORY \_\_\_\_\_

CLERICAL \_\_\_\_\_

TECHNICAL \_\_\_\_\_

HOURLY PAID \_\_\_\_\_

CONTRACT(S): UNION \_\_\_\_\_ EFFECTIVE DATE \_\_\_/\_\_\_/\_\_\_ EXPIRY DATE \_\_\_/\_\_\_/\_\_\_

UNION \_\_\_\_\_ EFFECTIVE DATE \_\_\_/\_\_\_/\_\_\_ EXPIRY DATE \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Date completed

\_\_\_\_\_  
Authorised Signature

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