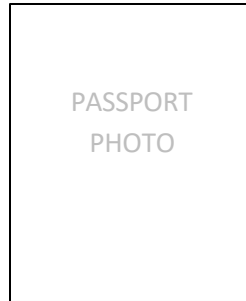


# UGANDA NURSES AND MIDWIVES UNION

## REGISTRATION FORM



P. O. Box 8322,  
Kampala  
Tel: 0414 323 301  
Email:  
[info@unmu.ug](mailto:info@unmu.ug)



General Secretary: 0772698713  
President: 0777000997  
National Treasurer: 0782897573  
Website: [www.unmu.ug](http://www.unmu.ug)

Our Ref: UNMU/1

Date: .....

Surname.....

Other names.....

Home Address: .....

Workplace address: .....District.....

Telephone: .....

Email Address: .....

Present salary.....Title.....

Computer numbers: .....

I the undersigned person voluntarily join Uganda Nurses and Midwives Union (UNMU), & confirm that the information given here is true and I, therefore, authorize my paying officer to check off 2 % of my basic salary to the Uganda Nurses and Midwives Union with effect from.....

I do hereby append my signature to confirm my acceptance.

Signature of Member.....

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RECRUITING OFFICER

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GENERAL SECRETARY

**FOR OFFICIAL USE ONLY**

**Membership Number:**