

# UGANDA NURSES AND MIDWIVES UNION

## REGISTRATION FORM



P. O. Box 8322, Kampala

Tel: 0414 323 301

Email: [info@unmu.ug](mailto:info@unmu.ug)

PASSPORT PHOTO

General Secretary: 0772 698 713

President: 0777 000 997

National Treasurer: 0701 087 371

Website: [www.unmu.ug](http://www.unmu.ug)

**Date:** .....

Our Ref: UNMU/1

Full Name.....

Present Address.....

Workplace..... District .....

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

Computer number: .....

Telephone: .....

Email Address: .....

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 Gross salary to the Uganda Nurses and Midwives Union with effect from.....

I do hereby append my signature to confirm my acceptance.

**Signature of Member**.....

-----  
**NAME OF RECRUITING OFFICER**

-----  
**GENERAL SECRETARY**

FOR OFFICIAL USE ONLY

**Membership Number:**