



Federated Airline Staff Association

AUTHORITY FOR DEDUCTION OF ASSOCIATION SUBSCRIPTION

The Chief Executive
Air Terminal Services
NADI AIRPORT

Dear Sir

I.....
..... hereby authorise you to deduct from my salary every pay the sum of \$10.00 (Ten Dollars) being the amount of my fortnightly subscriptions to the **FEDERATED AIRLINE STAFF ASSOCIATION**.

I agree to hold **AIR TERMINAL SERVICES (FIJI) LIMITED** and every employee therefore indemnified against any claim arising out of any act or omission to act in pursuance of this Authority.

I understand that this Authority can be revoked by the submission to you of a withdrawal from signed by me subject to the giving of 30 days notice of intention to withdraw.

NAME: **FNPF:**

SIGNED: **DATE:**

WITNESSED BY:

SIGNED: **DATE:**



Federated Airline Staff Association

MEMBERSHIP APPLICATION FORM

The National Secretary
Federated Airline Staff Association
P O Box 9259
NADI AIRPORT

Dear Sir

I, F/N.....
an employee of at.....do
hereby apply to become a member of **FEDERATED AIRLINE STAFF ASSOCIATION**. I agree
to abide by the Union's Constitution, Rules, Regulations, By-Laws and order that may now or
from time to time be in force, and agree to pay such subscriptions, fees and other dues as the
same shall become due and payable and also to sign and execute all such Acts, Deeds or
Documents to secure the payment as aforesaid. I declare that I am not a voting member of any
other Trade Union.

I further declare that I shall not in any way act in a manner that may be harmful to the interest of
the Union and its members.

DATED AT..... THIS..... DAY OF..... 20.....

WITNESS APPLICANT.....

PARTICULARS FOR OFFICE

NAME: F/N:

DATE OF BIRTH: SEX:

CLASSIFICATION:

DATE OF SERVICE: F/NPF NO:

MARTIAL STATUS:

APPROVED BY:

APPROVED ON:

REMARKS (IF ANY)



NATIONAL UNION OF WORKERS

APPLICATION FOR MEMBERSHIP

since 1944

The General Secretary
National Union of Workers
LAUTOKA

Dear Sir,

I, the undersigned being an employee of
..... hereby wish to apply for membership of the
National Union of Workers.

I agree to abide by the Constitution of the Union and and other amendments or
new law that may be made by the Union from time to time.I declare that I am
not a member of any other Trade Union.

SIGNATURE : **DATE OF BIRTH:**

CLASSIFICATION : **DATE :**

PHONE CONTACT :

SUBSCRIPTION DEDUCTION AUTHORITY

The Manager

I, authorize the deduction from my
salary / wages the sum of \$156.00 annually and such sum be paid to the
Treasurer of the National Union of workers whose receipt shall be sufficient
discharge.This deduction from wages is to be made as soon as possible after
the date of this authority at the rate of \$3.00 per week for 52 weeks. I further
agree that this authority shall only be revoked upon resignation from NUW in
writing to the General Secretary of the Union of Workers.This authority
shall replace any previous authority for deduction of Uniondues which must
cease with immediate effect.

SIGNATURE: **DATE:**

FNPF NO: **EMP NO:**

Phone:(679) 666 0746
Fax: +(679) 665 0126
Email: nuwfiji@outlook.com

WORKERS UNITE

16 Walu Street
Marine Drive,Lautoka
P.O.Box 330, Lautoka, Fiji

NATIONAL UNION OF HOSPITALITY CATERING & TOURISM INDUSTRIES EMPLOYEES
APPLICATION FORM

The General Secretary
NUHCTIE
NADI

Dear Sir

I, the undersigned being an employee of
..... hereby wish to apply for membership of the above
Union. I agree to abide by the Constitution of the Union and any other amendments or new by-
law that may be made by the Union from time to time be in force, and agreed to pay such
subscription, fees, welfare fund, savings scheme and other dues as the same shall become due
and payable. I further agree that this authority should not be varied without the consent of the
General Secretary of the NUHCTIE.

I declare that I am not a member of any other Trade Union.

DEPARTMENT: OCCUPATION:
GENDER : Male Female FPNF NO:
EMAIL ADD.: MOBILE NO:
SIGNATURE: DATE:
Checked By: Date of Birth:
Remarks: Approved By:
(General Secretary)

NATIONAL UNION OF HOSPITALITY CATERING & TOURISM INDUSTRIES EMPLOYEES
SUBSCRIPTION DEDUCTION AUTHORITY

The General Manager
.....
.....

I, authorize the deduction from my salary/wages the
sum of \$156.00 annually and such sum be paid to National Union of Hospitality Catering &
Tourism Industries Employees whose receipt shall be sufficient discharge. This deduction
from wages is to be made as soon as possible after the date of this authority at the rate of
\$3.00 per week for 52 weeks. I further agree that this authority should not be varied
without the consent of the General Secretary of the NUHCTIE.

I further understand that this authority will be revoked upon completion and submission of
a Revocation Form obtainable from the Union office.

SECTION: EMP NO: FPNF NO: DATE:

SIGNATURE:
OF EMPLOYEE

.....
Union Representative