



(The Child Our Hope)

FIJI TEACHERS UNION

REG No. 20/18

ESTABLISHED: 1930

REGISTERED UNDER THE TRADE UNIONS ORDINANCES, 1



(The Child Our Hope)

1-3 BERRY ROAD PO BOX 2203 GOVERNMENT BUILDINGS SUVA.
PHONE: (679) 331 4099 / (679) 331 4668 / (679) 992 8096 FAX: (679) 330 5962
EMAIL: ftu@connect.com.fj

APPLICATION FORM FOR MEMBERSHIP FORM A

I hereby apply for the membership for the above Union. I pledge that I shall abide by the Union's constitution which is at present in force and which may be promulgated from time to time. The necessary particulars about me are hereunder given that I sincerely believe the same to be true to the best of my knowledge and belief.

APPLICANT'S INFORMATION

Title: [Mr. / Mrs. / Miss] Name:

Date of Birth: / /

TPF / EDP No.:

TRB No.

Sex: Female Male Marital Status: F.N.P.F.:

Spouse Name:

Teacher TPF / EDP No.: Member

Non Teacher DOB: Non Member

Dependents:

Postal Address:

Contact (R) :

(M) :

Email Address:

Year of appointment to teaching:

Qualification:

Teacher Training (Institution):

Substantive Post:

Branch:

School Name:

School Contact:

School Address:

Date: / /

Applicant's Signature:



(The Child Our Hope)

FIJI TEACHERS' UNION

(1-3 Berry Road, Suva)
P O Box 2203 Government Buildings Suva. Phone: 3314099 / 9928096 Fax No: 3305962
Email: ftu@connect.com.fj

AUTHORITY FORM

I hereby authorise the Chief Accountant of the Ministry of Education to deduct
Dollars Cents (\$.....) every fortnight from my salary and pay
the same to FTU. This authority shall not be varied without the consent of the General Secretary FTU.

FULL NAME: TPF/EDP:

SIGNATURE: DATE:

WITNESS (Full Name): SIGN:

Please **fill both** the copies

***NB: ANY CHANGES BY WAY OF ERASER OR TWINK WILL INVALIDATE THIS FORM.**



(The Child Our Hope)

FIJI TEACHERS' UNION

(1-3 Berry Road, Suva)
P O Box 2203 Government Buildings Suva. Phone: 3314099 / 9928096 Fax No: 3305962
Email: ftu@connect.com.fj

AUTHORITY FORM

I hereby authorise the Chief Accountant of the Ministry of Education to deduct
Dollars Cents (\$.....) every fortnight from my salary and pay
the same to FTU. This authority shall not be varied without the consent of the General Secretary FTU.

FULL NAME: TPF/EDP:

SIGNATURE: DATE:

WITNESS (Full Name): SIGN:

Please **fill both** the copies

***NB: ANY CHANGES BY WAY OF ERASER OR TWINK WILL INVALIDATE THIS FORM.**