



# FIJI TEACHERS' UNION

*(The Child Our Hope)*

REG No. 20/18

ESTABLISHED: 1930

REGISTERED UNDER THE TRADE UNIONS ORDINANCES, 1



1-3 BERRY ROAD P O Box 2203 GOVERNMENT BUILDINGS SUVA.

PHONE (679)331 4099/ (679)331 4668 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.: .....

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

Father's Name: .....

Postal Address: .....

Contact (R): .....

(M): .....

Qualification: .....

Year of appointment to teaching: .....

Teaching Training (Institution): .....

Position: .....

Branch: .....

School Name: .....

School Contact: .....

Date: ..... /..... / .....

Applicant Signature: .....

**FIJI TEACHERS' UNION**  
(THE CHILD OUR HOPE)

**AUTHORISATION FOR DEDUCTION  
OF UNION SUBSCRIPTION**

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Name of School : .....

School Address : .....

School Phone : .....

**Fiji National University**  
**P o Box 3722**  
**Samabula**  
**Suva**

Dear Sir/Madam,

I .....Employee No. .... authorize the deduction from my salary every fortnight of the sum of **SEVEN DOLLARS ONLY (\$7.00)** or such other sum as may be determined by the Union at the Annual or Extra Ordinary General Council meeting and request that such sum be paid to the General Treasurer of Fiji Teachers' Union whose receipt shall be sufficient discharge.

I further authorize that the deduction from my salary commence as soon as possible after the date of this authority.

This authorization will continue to be valid until further notice from me through my Union to you.

**FNPF No. :** .....

*Yours faithfully*

.....  
**(Signature of Member)**

.....  
**Date**