



FIJI NURSING ASSOCIATION
MEMBERSHIP APPLICATION FORM
FORM 1

To : Permanent Secretary for Health

Station :

I,
(Clearly print name in full)

EDP No.

hereby authorize the Ministry of Health to deduct from my salary/wages ten dollars (\$10.00) each pay day. The amount being my Association subscription (or such lesser or greater sum as may subsequently be prescribed as the subscription rate by any amendment to the Association's Constitution). Such sum to be paid to the National Treasurer, Fiji Nursing Association, whose receipt shall be sufficient discharge. This deduction from salary/wages shall commence as soon as possible after the date that this application/authority form is signed.

DEATH/RETIREMENT BENEFIT SCHEME

To the President, Fiji Nursing Association

I,
(Clearly print name in full)

EDP NO :

hereby authorise the National Treasurer, Fiji Nursing Association to deduct \$2.00 the current levy / contribution per day towards the funds as determined by members of the Fiji Nursing Association at an Annual General Meeting or Extra Ordinary General Meeting held from time to time.

Date :

Signature :



MEMORANDUM OF NOMINATION
DEATH/RETIREMENT BENEFIT FUND

Name of Member : EDP Number :

Full Address :

FNPF Number : Date of Birth : Married/Single

Date of Marriage : Spouse's full name :

I, hereby nominate the person(s) named below to receive after my death any monies due to me or to which I am entitled from the Association's Death/Retirement Benefit Fund including any insurance claims on my behalf provided that if any nominee(s) dies before me his/her share(s) shall be equally shared among the remaining nominee(s).

Full Registered Name of Nominee	Date of Birth	Relationship	% of Benefit	Full Address to Nominee(s)

I further understand that this nomination may be reviewed by me at any time by the completion and submission of a fresh obtainable form from the Association Headquarters, GPO Box 1364, Suva.

Left Hand Thumb Print

.....
Signature

.....
Date

Witness : Date :

Full Name of Witness :

Full Address of Witness :

Present Occupation of Witness :

NOTE : The nominee(s) may be changed at anytime a member wishes by the completion of another authority form.

THIS AUTHORITY MUST BE MADE IN DUPLICATE

