



**FIJI PUBLIC SERVICE ASSOCIATION
ASSOCIATE MEMBERSHIP**

To: **The General Secretary, Fiji Public Service Association**

I, _____ EDP/FNPF/Empl No. _____

being retired from the service/department hereby makes an application to be a member of the Fiji Public Service Association. Upon acceptance of my application, I undertake to fully abide by all the provisions of the FPSA Constitution as a condition of my associate membership.

Personal data

Full Name (Mr/Mrs/Ms): _____

Marital Status: _____ Gender: _____

Date of Birth: _____ Date Joined Union: _____

Phone: Residence: _____

Signature: _____ Date: _____

Office Use Only

Decision of the General Secretary: *Membership approved/not approved*

Signature: _____ Date: _____

Fee (\$): _____ Receipt Number: _____

(Important: Please return this form duly completed to your nearest FPSA Branch Office or the General Secretary, FPSA, P O Box 1405, SUVA)