



Fiji Public Service Association APPLICATION for MEMBERSHIP

[Clause 10]

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

I, EDP/FNPF/Emp #:
[Print]

TIN #..... being an employee with.....
hereby make an application to become a member of the **Fiji Public Service Association**.
Upon acceptance of this application, I undertake to submit to and fully abide by all the provisions of the FPSA Constitution, as a condition of my continued membership with FPSA.

I confirm that I am not a member of any other trade union and I revoke unequivocally any other union membership authority form signed by me previous to the date shown on this application form.

PERSONAL DATA [Print]			
1	Mr/Mrs/Ms:	2	Grade:
3	Post Held:	4	Gender: Marital Status:
5	Employer: (Min/Dept/Statutory Authority/Entity)	6	Station:
7	Workplace Address:	8	Work Ph No: (& Email)
9	Residential Address:	10	Home Ph No: (& Mobile)
11	Date of Birth: Date Month Year	12	Date Joined Service:

Applicant's Signature: Date:

Decision of FPSA the General Secretary: **Membership Approved / Not Approved**

Signature: Date:

Recruiting Member:

Name:	Ministry/Dept – Station	Position:
Bank Acct Details:	Phone Contact:	Signature & Date

IMPORTANT: Applicant, please return this form, both sections duly completed, to your nearest FPSA Branch Office or the General Secretary, FPSA, G P O Box 1405, SUVA



Fiji Public Service Association

**AUTHORITY for DEDUCTION
of UNION SUBSCRIPTION**

To:

.....
(Head of Department/Ministry/Employer/Statutory Authority/Entity)

I,

.....
[Name – PRINT]

.....
EDP/FNPF/Emp/TIN #

hereby authorise the deduction from my regular salary or wages the sum of **THREE DOLLARS** (\$3.00) per week or **SIX DOLLARS** (\$6.00) [Delete as applicable] per fortnight, and such other sum as may be lawfully approved by the Fiji Public Service Association [FPSA] from time to time, and forward the same to FPSA whose receipt shall be sufficient discharge. The deduction from my salary to commence as soon as possible after the date of this authority, and the deductions shall not be ceased or varied without the consent of the General Secretary of the FPSA.

I confirm that I am not a member of any other trade union and I revoke unequivocally any other union membership authority form signed by me previous to the date of this Authority Form

.....
[Applicant's Signature]

.....
[Date]

.....
[Witness – Print]

.....
[Witness – Signature]

IMPORTANT: Applicant, please return this form, with both sections duly completed, to your nearest FPSA Branch office or the General Secretary, FPSA, G P O Box 1405, Suva.

For Office Use:

Date Received:	Approved:	Processed by HQ:
Ref No.:		
Submitted to Employer:	Deduction started:	Checked & Filed: