



FIJI PUBLIC SERVICE ASSOCIATION
APPLICATION FOR MEMBERSHIP

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

I, _____ EDP/FNPF/Empl No. _____

Being an employee in _____ hereby make 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 membership.

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

PERSONAL DATA			
1	Mr/Mrs/Ms	2	Post
3	Grade:	4	Sex
5	Employer: (Min/Dept/Statutory Body)	6	Marital Status
7	Workplace Address:	8	Phone No.
9	Residential Address	10	Phone No.
11	Date of Birth: Date Month Year	12	Date Joined Service

Signature : _____ Date : _____

Decision of the General Secretary : Membership approved/not approved

Signature : _____ Date : _____

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



FORM 1A

FIJI PUBLIC SERVICE ASSOCIATION

**AUTHORITY FOR DEDUCTION
OF UNION SUBSCRIPTION**

To : _____
(Head of Department/Employer Authority)

I, _____ EDP/FNPF/Empl No. _____

authorise the deduction from my salary of the sum of (Delete whichever inapplicable) THREE DOLLARS (\$3.00) per week or SIX DOLLARS (\$6.00) per fortnight and such other sum as may be approved by the Fiji Public Service Association whose receipt shall be sufficient discharge. The deduction from my salary to commence as soon as possible after the date of this authority which shall not be varied without the consent of the General Secretary of the Fiji Public Service Association.

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

Signature : _____ Date : _____

This member was recruited by :
EDP/FNPF/EMP No.
Address :
Ministry/Dept/Employer

IMPORTANT: Please return this form duly completed to your nearest FPSA Branch office or the General Secretary, FPSA, P O Box 1405, Suva.