

MEMBERSHIP APPLICATION FORM

I hereby apply to join the Vanuatu Teachers Union and agree to abide by the Union Constitution.

Name (Full): _____ VNPF No.:- _____

Previous name (if recently changed):- _____ Date of Birth: _____

Marital Status (Please tick): Married () Single () De Facto relationship ()

Are you a current member? YES () NO ()

Have you been a member before? YES () or NO ()

Place of Birth:- _____ Home Island:- _____

Your current School Address:- _____

Workplace Phone No.:- _____ Mobile Phone No.:- _____

I, hereby, authorize the Finance Department of the Republic of Vanuatu to effect fortnightly deductions from my salary totalling _____ to be paid out to:

1. VTU-SEV : Solidarity Benefits Scheme (Medical)	500
2. VTU-SEV : Retirement /Death Benefit Scheme	500
3. VTU-SEV : Fortnightly Subscriptions	800
4. VTU-SEV : Membership Savings	200
Extra Savings (Member to decide for themselves)	
5. Finance Department – Administration/Commission	250
TOTAL	<u>2,250</u>

All payments made on my behalf per this authorization shall be deemed to be payments made by me personally. Cancellation of this authority shall take effect only after the VTU-SEV has been advised of my decision.

Signature:- _____ Date:- _____

NOMINATION OF BENEFICIARIES

Please complete the form below if you wish to nominate beneficiary (ies) to whom the sum insured will be paid to if you die while on duty.

I, _____, hereby, nominate the person(s) mentioned below to be my nominated beneficiary (ies). I understand that this person(s) will be paid the sum insured under my policy or the account balance of my policy if I die (while on duty). Payment is to be made equally to nominated beneficiary (ies) if percentages are not stated.

NAME OF NOMINEE	PERCENTAGE	ADDRESS	DATE OF BIRTH

Signature:- _____ Date:- _____