

BOFESETE MEMBERSHIP AND FUNERAL SCHEME

APPLICATION FORM

BOFESETE Membership Application FORM						
*Surname	First Name			Title		
School Address			Location of School			
Postal Address						
School Telephone		Tel: (home)		Fax:		
Home Phone		Mobile Phone		email address		
*Omang No.	DOB Day	/Month	/Year	*Payroll No.	*TSM No.	Dept Code
*All items marked with *must be filled otherwise the application will not be processed						

DECLARATION: I am fully conversant with the constitution of **BOFESETE** and declare to abide by regulations thereof. I shall also be party to resolutions, programs of action, etc, adopted constitutionally by **BOFESETE**. I commit myself to paying monthly subscriptions as stipulated in the constitution or as revised from time to time.

Funeral Scheme

NAME & SURNAME OF SPOUSE	DOB
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NAME & SURNAME OF SPOUSE	RELANTIONSHIP	DATE OF BIRTH
NAME & SURNAME OF SPOUSE	RELANTIONSHIP	DATE OF BIRTH
PARENTS IN LAW	RELANTIONSHIP	DATE OF BIRTH

I.....hereby apply to be a member of BOFESETE and authorize the Accountant General to do the following deductions.

MEMBERSHIP P.....FUNERAL SCHEME P.....TOTAL PREMIUM P.....

DATE.....SIGNED.....