



**FIJI INSTITUTE OF ENVIRONMENTAL HEALTH**  
P. O. BOX 11210,  
VIVRASS PLAZA, LAUCALA BEACH ESTATE, NASINU

**REGISTRATION OF ENVIRONMENTAL HEALTH OFFICER**

<b>Full Name</b>		<b>Date of Birth</b>	
<b>Current Occupation</b>		<b>Employment Number</b>	
<b>Station</b>		<b>Date of commencing service</b>	

**WORK HISTORY**

<b>Employer</b>	<b>Post Held</b>	<b>From</b>	<b>To</b>

**QUALIFICATIONS**

<b>Institution</b>	<b>Qualifications Attained</b>	<b>From</b>	<b>To</b>

**AUTHORITY TO DEDUCT MEMBERSHIP FEES**

I ..... EDP/FNPF No# ..... hereby authorize that the deduction of (tick the appropriate box below)

	\$10.00	Fortnightly
	\$5.00	Weekly
	\$20.00	Monthly

from my salary with effect from ...../...../..... and thereafter remitted on my behalf to the Fiji Institute of Environmental Health Cheque Account No# 9800408792 at Westpac Bank, Suva

.....  
Signature of Member

.....  
Signature of General Secretary

Documents required with this form:

1. One certified copy of Qualifying Certificate from a recognized institution
2. One fully certified passport sized photo