



FIJI INSTITUTE OF ENVIRONMENTAL HEALTH

P. O. BOX 11210,
VIVRASS PLAZA, LAUCALA BEACH ESTATE, NASINU

REGISTRATION OF ENVIRONMENTAL HEALTH OFFICER

Full Name		Date of Birth	
Current Occupation		Employment Number	
Station		Date of commencing service	
WORK HISTORY			
Employer	Post Held	From	To
QUALIFICATIONS			
Institution	Qualifications Attained	From	To

AUTHORITY TO DEDUCT MEMBERSHIP FEES

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

<input type="checkbox"/>	\$10.00	Fortnightly
<input type="checkbox"/>	\$5.00	Weekly
<input type="checkbox"/>	\$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