**Membership Application Form**

1. Name: …………………………………………… 2. Application Date: / / .

3. Date of Birth: (date/month/year) / / . 4. Gender: Male / Female

5. Residential Address:

………………………………………

………………………………………

………………………………………

6. If Employed or Private Business, Employer’s or Business Name and Address:

 ………………………………………

 ………………………………………

 ………………………………………

7. If Unemployed, previous Employer or Business Name and Address

 ……………………………………….

 ……………………………………….

 ……………………………………….

8. Telephone Number(s) ……………………………………..

9. Email address ……………………………………..

10. Work Category[[1]](#footnote-1) …………………………………….. (Could be more than one)

 ……………………………………..

 ……………………………………..

11. What Special Interest Group focuses can you be involved in with PHAF[[2]](#footnote-2)?

 ……………………………………. (Could be one or more)

 …………………………………….

 …………………………………….

12. Signature

 ………………………………… (Sign or type name)

*Note*

*Please handover / mail / email, completed Membership Application Form to PHAF General Secretary, Mrs. Litia Makutu at FNU, Tamavua or on email:* *litia.makutu@fnu.ac.fj*

1. Example; Physician, Academic, Nursing, Oral Health, Nutrition, Environmental Health, Administration, Legal, Education, Social Welfare, Politics, Community Worker, Other work categories (list) and stakeholders etc. [↑](#footnote-ref-1)
2. Example; Policy, Workforce Education, Advocacy & Health Promotion, Primary Care, Health Research, Disease Control (CD & NCD), MCH, RH, Climate & Environmental Health, others (list) [↑](#footnote-ref-2)