

ARITEWSS SUPPORT SCHEME

MEMBERSHIP APPLICATION FORM

MEMBERSHIP CARD NUMBER
(OFFICE USE)

A.

PERSONAL DATA

Full name..... Date of birth:.....

Telephone number:..... Gender: (tick) male female

Registered number:..... Address:

Staff number:

Rank:

SSF number:..... Next of Kin

Present School: Name:

Home town: Address:

Date of First Deduction:

Amount deducted: GH¢

NOMINATION

B.

In event of my death I desire that my entire savings and dividends be paid to the below named person(s)

name	relationship	sex	address	Percentage(%)

Signature

Date