

Hony Secretary,  
Public Health Inspectors' Union of Sri Lanka,  
Ratmalana.

Dear Comrade,

.....do  
hereby make my application for membership of the Public Health Inspectors' Union of Sri Lanka.  
Please enroll me as a member.

2. With this membership I am aware that I also become a member of the Benevolent Fund of the union.
3. I do hereby authorize my Paying Authority to deduct from my salary my membership fees, contributions to the Benevolent and Action Fund and any other contributions due from me to the union.
4. I hereby undertake to abide by the Constitution and other rules and regulations, Constitution of the Benevolent and Action Fund of the Public Health Inspectors' Union of Sri Lanka. I also agree to accept as final the decisions of the General Council of the Management of the Union on all matters relating to my membership.
5. In the event of my death while being a member of the Union I nominate the persons named in cage No.12 below in order of receive all benefits of the Benevolent Fund. I also certify the signatures / left thumb impressions given below are that of my nominees.

1. Name with initials :- .....
2. Names denoted by initial :- .....
3. Date of birth :- .....
4. NIC Number :- .....
5. Date of appointment as P.H.I. :- .....
6. Telephone number :- .....
7. present place of work :-  
 (a) M.O.H. Area :- .....
- (b) Special Campaign /Institution :- .....
8. If in M.O.H. Area Station :- .....
9. Official address :- .....
10. D.P.D.H.S Area :- .....
11. Address of permanent residence:- .....
12. Names of nominees for Benevolent Fund Benefits.

NAME	Relationship	Signature

Date.....

.....  
Signature of Applicant

Wittiness (2 members of the Union)

Name	Station	M/s No:	Signature