

TEACHERS FUND

MEMBERSHIP REGISTRATION FORM

MEMBERSHIP OF THE TEACHERS FUND IS OPEN TO GNAT MEMBERS ONLY

Please indicate where your Statement should be sent to by either ticking permanent or current address .

Permanent

Current

Personal Information

Surname _____

First Name _____

Middle Name _____

Place of Birth _____

Town _____

District _____

Region _____

Status

Student

Yet to be Posted

In service / At Post

Employment Details

Social Security No: _____

Teachers Reg. No. _____

Staff No _____

New Staff No. _____

Office / School _____

Town / Villages of School _____

District: _____

Region: _____

Contact Information

Postal Address _____

Permanent Address _____

Phone(Mobile) _____

Beneficiary Details

Next of Kin _____

Next of Kin's Date of Birth _____

Address: _____

Relation _____