

SFHEA Membership Application Form

Please complete all questions and use BLOCK CAPITALS

PERSONAL DETAILS

Surname

Mr/Mrs/Ms

Forenames

Date of Birth

Home Address

Postcode

EMPLOYMENT DETAILS

College/University

Department

Annex (if applicable)

I am employed on: a full-time contract a part-time/job share contract

Are you a member of any other trade union? NO YES
(please tick)

If YES, give name of the trade union

If not in benefit, please state the amount of your arrears

Please note that dual membership is valid only if this has been agreed by the two unions concerned.

SFHEA Group Life Insurance Scheme (payable by direct debit only)

Do you wish to join the Group Life Insurance Scheme? (details under Benefits for SFHEA members)

YES

NO

If YES, the premium will be deducted along with the subscription.

SUBSCRIPTION PAYMENT METHODS

I shall pay my subscriptions by (please tick)

Monthly direct debit (and enclose a completed mandate)

Annual payment (by cheque)

I hereby apply for membership of the SFHEA

Signature

Date

SFHEA Group Life Insurance Scheme

The SFHEA Group Life Insurance Scheme is open to all members up to the age of 65. Cover of £10,000 (payable on death) is immediately available on admission to the Scheme. You are not required to answer a medical questionnaire. Should you retire early, or leave teaching, membership of the Scheme can be retained provided that you remain in membership of the SFHEA.