Belize National Teachers' Union

Death Fund Application Form

Please Print

Name: _____
Surname *First Name* *Middle Name*

Home Address:_____

BNTU Membership I.D. No. _____

Date of Birth:_____ Phone No.:_____
day month year

Sex: _____ Marital Status: _____

School where you presently teach: _____

_____

Management: _____

Beneficiary: 1st _____

2nd _____

A registration fee $5.00 is herewith submitted with application.

My monthly contribution of $2.00:- (make a ☑ on the appropriate line)

(a) Will be paid through salary deduction _____

or (b) Will be paid directly to the BNTU Branch Office _____
(Treasurer/Secretary)

With this application I hereby make payment of $_____

_____ months contribution

_____ _____
Applicant Branch Officer

_____ _____
Date Date