**Baptist Long Service Leave Fund Membership**

**Member:**

Name:

Date of Birth:

Full Time / Part Time:

If part time how many days a week do you work:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [ ] Mon | [ ] Tue | [ ] Wed | [ ] Thur | [ ] Fri  | [ ] Sat  | [ ] Sun |

Date Commenced Ministry (first started employment at a Baptist organisation):

Start date of employment at current organisation/ church:

Current Place of employment:

Title (Ps/Mr/Mrs/Ms):

Church Role:

Qualifications:

Current Postal address:

Phone:

Mobile:

Email:

I undertake to advise the Baptist Union of Western Australia when I change any details. (Address, place of employment, working hours)

Signed:

**Organisation:**

Name of Organisation:

We undertake to make contributions **each month**, at the rate set from time to time, to The Baptist Union of Western Australia Inc. Long Service Leave Fund.

Treasurer / Secretary

Date:

Contact Details: