

Application Form

浜 松 市 用
(任用期間の定めがある職員用)

Application date / /				
Shizuoka Prefectural Teachers Mutual Aid Association				
I agree with the terms and conditions of the Shizuoka Prefecture Teachers and Staff Mutual Aid Association and submit my application for membership. Upon joining, I pledge not only to comply with the rules, etc., but also to not withdraw arbitrarily.				
A p p l i c a n t I n f o r m a t i o n	Work Place Code		Union member number	
	0 0 0 0			
	Name of Work Place		TEL ()	
	Furigana		surname name	
	Full name			
	Date of birth (Western calendar)		/ /	
	employment status		↓ Please circle the most appropriate that describes your form of appointment.	
			Fixed-term staff Full-time	
			Reappointed staff full-time	
			Reappointed staff short-term (31 hours a week)	
Appointment term (Western calendar)		Temporary appointment staff Full-time		
		/ / ~ / /		
Mutual aid entry column 互助組合 記入欄	承 認		調 査	
	令和 年 月 日		受 付 日	
No				

• How to submit various notifications

According to Articles 3 and 8 of the Detailed Regulations Concerning the Operation of the Shizuoka Prefecture Teachers' Mutual Aid Association, please submit this notification form via your affiliated school.

• Handling of personal information

The contents of the application form will be used for eligibility surveys for joining the mutual aid association, member management, premium collection, and mutual aid business operations.