

Application Form

県費・義務用
(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					
Temporary appointment staff Full-time short-term (20 hours or more per week, etc.)					
Fiscal Year Appointed Staff Full-time					
		Fiscal year appointed staff part-time short-term (20 hours or more per week, etc.)			
Appointment term (Western calendar)		/ / ~ / /			
Mutual aid entry column 互助組合 記入欄	承認		調査	受付日	
	令和 年 月 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.

Shizuoka Prefectural Teachers Mutual Aid Association TEL. 054-254-3626