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TO: Salary Section

MINISTRY OF HEALTH AND MEDICAL SERVICES

I hereby give Authority to the Salary Clerk of MOHMS to deduct \$10/fortnightly as my membership subscription and to be debited to the **Fiji Oral Health Association** account number with **BSP Bank Account Number: 80900802**

Full Name:EDP #:

Post/ Address:

Signature:

Date:

Email address: Phone:

For further clarification, please do not hesitate to contact the undersigned.

Thank you for your support.

Penioni Ravunawa

Treasurer - FOHWA

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