

**Our Vision:** All people are free to make choices about their sexual and reproductive   
 health and wellbeing, in Fiji without discrimination.

**Our Mission:** To champion sexual and reproductive health rights and provide quality SRH   
 information and services for all in Fiji.

**Our Values:** Social Inclusion, Diversity, Passion, Volunteerism, and Accountability.

*To apply for RFHAF membership, please complete this form and send it to The Reproductive and Family Health Association of Fiji, Unit 19, Level 1, Garden City Complex, Grantham Rd, Raiwai, Suva* ***OR*** *GPO Box 17259, Suva.*

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| 1. **Title (Mr, Mrs, Ms)** |  |
| 1. **Name** | First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Date of Birth** | DD/MM/YYYY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Residential Address:** |  |
| 1. **Email Address:** |  |
| 1. **Phone Contact:** |  |
| 1. **Social Media Platform and Username:** |  |
| 1. **State the best medium of contact to which you can be reached at your earliest.** |  |
| 1. **Current Occupation** |  |
| 1. **Current Employer/Institution.** |  |
| 1. **Are you a member of any other organization? If yes, please mention the name of the organization you are a member of.** |  |
| 1. **Have you had any volunteer work before? (Yes/No) If Yes, please state the organization you have volunteered/volunteer at?** |  |
| 1. **Please share with us a brief background of your work experiences.** |  |
| 1. **Any area in particular which you can contribute to with great interest professionally?** |  |
| 1. **List any other skills which you possess could be useful to RFHAF.** |  |
| 1. **Please mention why would you be interested in joining RFHAF? What are the things or skills you wish to gain by joining RFHAF?** |  |
| 1. **Would you be willing to volunteer on our programs and events held off-site and may require travelling and overnight travelling and stay.** |  |
| 1. **What is your knowledge and thoughts about “Reproductive and Family Health Rights?” What are your sentiments about Sexual and Reproductive Health and Rights?** |  |
| 1. **Do you give RFHAF the consent to use your pictures/videos/stories/comments/ views in their promoting or reporting submission to affiliated stakeholders and funders?** |  |
| 1. **I hereby declare that I am not currently being a subject of or being a party to a criminal matter that poses to be a threat or disregard the values, mission and vision of RFHAF.** |  |

1. I agree to subscribe for:

* Annual Membership - $ 10.00

***(NB: Please kindly submit a recent CV of yours together with this form filled.)***

*By signing on this membership form I confirm to RFHAF’s vision, mission, and values.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As soon as we consider your application you will be notified on how to arrange for payments of the Annual Membership dues.

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| **FOR OFFICIAL USE ONLY:**  Comments: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….  Date: ………………………………… Position: …………………………… Signature: ……………………… |