

會員姓名 Name						身分證字號 ARC NO.							1 吋照片
出生年月 Birth Date	年	月	日	入會日期 Admission Date		年	月						
聯絡電話 Phone Number	日間 DAY	()					夜間 NIGHT	()					
	手機 Cell Phone						傳真 Fax Number	()					
戶籍地址 Permanent Address	縣(市)					市(區)(鄉)(鎮)					里	鄰	
	路(街)					段	巷	弄	號	樓			
通訊地址 Current Address	縣(市)					市(區)(鄉)(鎮)					里	鄰	
	路(街)					段	巷	弄	號	樓			
E-MAIL													
服務單位 Service Unit	1. 授課科目: Teaching Subject:												
	2. 授課科目: Teaching Subject:												
投保薪資 Insured Salary	勞保: 元 Labor Insurance: NT		健保: 元 Health Insurance: NT		加保生效日 Insurance Effective Date		年	月	日				
附加 眷屬健保	欲加保子女需未滿 20 歲，若超過 20 歲需具學生身分並附學生證影本(如不需加眷屬健保請勿填寫) Children to be added under the insurance must be under 20 years of age, if over 20 years old, children must be a student and to provide a copy of student Identification card. (Do not fill this part if there is no dependant family to be added.)												
眷屬姓名	身分證字號				出生日期			關係		備註			
					年 月 日								
					年 月 日								
					年 月 日								
					年 月 日								
					年 月 日								
身分證正面浮貼 (辦理勞、健保專用)						身分證背面浮貼 (辦理勞、健保專用)							

Affidavit

I, _____ am qualified to sign this affidavit as a person who works as supplementary school teaching staff and does not work under any specific employer or self-employed person. This person, who wishes to join and become a member of this union, would also have to comply with the regulation of the union, and entrust the union to handle the labor insurance and health insurance (including dependant family). There should be no act of joining the insurance in sickness or deception of labor insurance. I am willing to bear all of the responsibility if there is a violation of the provisions of the labor insurance regulation, leading to a generated insurance protest problem or insurance coverage eligibility cancellation; there will be no responsibility attached to the union. I am willing to take responsibility, if there are fines for delayed labor and health insurance payments. There is hereby no objection.

Enclosed,

Taipei County Supplementary School Teaching Staff Occupational Union

Affidavit signature: _____ Year Month Day

Letter of Authorization