



# MRA Staff Welfare Association

OFFICE USE
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## Application For Membership

I hereby submit an application for membership to the **MRA Staff Welfare Association**. I certify that I am a staff member of the Mauritius Revenue Authority. My personal details are as follows:

**Title**  Mr.  Mrs.  Miss

**Surname** \_\_\_\_\_

**Forename** \_\_\_\_\_

**Residential Address** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Post Held**  DG/Director  Team Leader  Officer  
 Section Head  Technical Officer  Support  
 Other (please specify)

**Department Posted** \_\_\_\_\_ **Tel:** \_\_\_\_\_ **Ext. No:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Mobile Number\*** \_\_\_\_\_  
D D M M M Y Y \* Our free Text Alert Service will use this number for sms

### Text Alert Service

Please register my phone number provided above for the Text Alert Service. I understand that by subscribing to the service, I shall receive instant messages on important issues. I also elect to be informed on areas of interest as indicated by the ticked boxes below.

- A** - Recreational & outdoor leisure activities such as hiking, walking, mountaineering and site-seeing.
- B** - Vacancies/ scholarships advertised by the Mauritius Revenue Authority and open to its staff members.
- C** - Workshops & lectures on career and personal development organized/ sponsored by the Association.
- D** - Entertainment activities such as beach parties, music, karaoke and dancing.

DATE	SIGNATURE
NOTE: DO NOT SEND ENTRANCE FEE OR MEMBERSHIP FEE WITH YOUR APPLICATION. YOU WILL BE CONTACTED WHEN YOUR APPLICATION HAS BEEN APPROVED	
OFFICE USE	APPLICATION APPROVAL DATE
	ENTRANCE FEE PAYMENT RS
	RECEIPT NUMBER