

Premier card application data

***ALL FIELDS MUST BE COMPLETED

TECU - MEMBERSHIP PLAN

First Name : _____

Gender: M / F

Last Name: _____

Home address: _____

DOB: ____ \ ____ \ ____
 yyyy \ mm \ dd

Tel-H: _____

Tel-W: _____

Tel-C: _____

Personal Email: _____

Signature: _____

Date: _____

*****Please return printed card to Accident & Health Department***