

## Report on Prior Membership (Example)

Long Term Pension Premium Number											
Your Mutual Aid Association's Seal of Approval											
	<div>It is not necessary to fill the portion in</div>										

Member Name in Katakana	ヒロシマ タロウ	Your Department or Faculty	Graduate School of OO, Hiroshima University
Member Name	Hiroshima Tarou		
Birth Date	January 1, 1965		
Place of Employment		Termination Date	Note
Hiroshima City Hospital		April 1, 1998	September 30, 2001
Prefectural University of Hiroshima		April 1, 2002	March 31, 2005
Hiroshima University		April 1, 2008	
Please write organizations affiliated with National Public Officers Mutual Aid Association or Local Public Officers Mutual			
Under (2) or (7) of Section 2, Article 87, Ordinance for Enforcement of National Public Officers Mutual Aid Association Act,			
I submit this report on previous membership as I mentioned above with the attached my resume.			
To Chairperson of Federation of National Public Service Personnel Mutual Aid Associa		Address	1—3—2 Kagamiyama, Higashi-Hiroshima-Shi
Member		Name	Hiroshima Tarou
April 1, 2008			
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