

Beneficiary for membership fee	Industrial Union P.O. Box 107, 00531 Helsinki Tel. 020 774 001	Unemployment Fund of Finnish Industrial Workers, P.O. Box 116, 00531 Helsinki	Union and Unemployment Fund no. 015 Employer payments to the bank account FI09 5000 0120 400733	Branch number
NOTE!	Please fill in the contract carefully in block letters. Fill out the employer's information (name and address), even if you will pay your membership fee yourself. It is also important to fill out the Employee location information if the job address is different to the employer's address.			
	<input type="checkbox"/> New member <input type="checkbox"/> Change of job <input type="checkbox"/> Change of branch <input type="checkbox"/> Support member See help			<input type="checkbox"/> Change of union/unemployment fund Please indicate the previous union/fund
	<input type="checkbox"/> I authorize the Industrial Union and unemployment fund to disclose my resignation to the previous trade union or unemployment fund and ask for my membership information for the transfer of trade union and unemployment fund.			
Grounds for collection	The employer shall collect the membership fee of the trade union and the unemployment fund in accordance with the collection criteria notified in writing by the union, of the gross salary of the worker from which the withholding tax is delivered. The collection criterion is reported for a calendar year at a time, in the same percentage as the current validity, which cannot be changed during this time, subject to legislative changes or decisions of the union or unemployment fund management bodies. The employer is not responsible for the inaccuracy of the union, branch or employee declaration.			
Validity	This agreement is valid when signed by the employer and employee. An employee can terminate this agreement. The collection period is a pay period.			
Employee	Identity number		<input type="checkbox"/> Information about the membership benefits can be sent to me by email, sms or other electronic means	
	<input type="checkbox"/> My address information may not be used for non-membership marketing.			
	Family and first names			
	Mother tongue <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> Other, please specify		Nationality <input type="checkbox"/> Finnish <input type="checkbox"/> Other, please specify	
	Mail language <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish		<input type="checkbox"/> English	
	Address		Postal code	City
	E-mail			Phone
Employee information	Profession		The area of contract (see instructions)	
	Starting date of employment	Do you wholly or partially own or does your family own (parents, spouse, partner, children) the company at which you work?		
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Percentage	See instructions
Method of collecting subscription	<input type="checkbox"/> I pay the membership subscription myself <input type="checkbox"/> The employer collects it from the salary			
Workplace	Employer's name			
	Name of the establishment (if different from the employer)			Phone
	The place of employment (= your workplace) visiting address, city			
Employer's information	Company name		Business ID	
	Employer fills in Postal address and city			
	Phone	E-mail	Collection of membership subscription starts on: Collection cannot begin retrospectively before signing	
Accountant/ Surveyor	Contact person (Settlement and collection)			
	Postal address and city			
	Phone		E-mail	
Collection of membership subscription starts on	Employer signature		Date and signature of representative of trade union/representative of unemployment fund	
I authorize The Unemployment Fund of Finnish Industrial Workers to collect, if necessary, the membership subscription of the unemployment fund and Industrial Union from the benefit paid by the unemployment fund	Employee date		Employee signature	
Member recruiter	Branch number			
Additional info				

Submit this form, filled in and signed, to the employer, the union and the union branch. Also keep a copy for yourself.