Industrial union

Trade union local branch, trade union and unemployment fund membership admission form / membership subscription deduction agreement.

Membership subscription recipient	Industrial Union P.O. Box 107, 00531 Helsinki Exchange +358 20 77 4001	Open Unemployment Fund A-kassa P.O. Box 116, 00531 Helsinki Exchange +358 20 77 4001	Union number 015 Employer contributions to be paid into bank account FI09 5000 0120 400733	Branch number
NOTE!	Please fill out the contract carefully in block letters. Fill out the employer's information (name and address), even if you will pay your membership subscription yourself. It is also important to fill out the Employee location information if the job address is different to the employer's address.			
	☐ New member ☐ Change of job ☐ Change of branch ☐ Support member See Help I hereby authorize with my signature the Industrial Union and the Open 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.		☐ Change of union / unemployment fund **Please indicate the name of the previous union / unemployment fund**	
Grounds for collection	The employer shall collect the membership subscription 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. The agreement expires when membership expires.			
Employee	Personal identity code	☐ Offers about benefits for members can be sent to me by e-mail, SMS or other electronic channels	☐ My address details may be used for direct marketing purposes.	
	Last name and first names (please underline the name you would like to be addressed by)			
	Native language ☐ Finnish ☐ Swedish ☐ Other, please specify	Nationality ☐ Finnish ☐ Other, please specify	Transaction language ☐ Finnish ☐ Swedish ☐ English	
	Address	Postal code	City	
	E-mail		Phone	
	I am employed, and earnings-related pension, social security and unemployment insurance contributions and withholding tax are collected from my pay in Finland.		☐ Yes ☐ No	
Employment information	Profession	Agreement sector / Collective agreement		
	Starting date of employment	Do you or does a member of your family (parents, spouse, partner, children) wholly or partially own the company at which you work? ☐ No ☐ Yes _____% See instructions		
Method of subscription	☐ I pay the membership subscription myself	☐ The employer collects it from my wages		
Workplace	Employer's name			
	Name of the establishment (= workplace), if different to the employer		Phone	
	The address of the workplace, business address			
Employer's information *Employer fills in*	Company name		Business ID	
	Postal address and city			
	E-mail		Phone	
Agent (such as an accounting firm)	Contact person (settlement and collection)			
	Postal address and city			
	E-mail		Phone	

Collection of membership subscription starts on

___/___ _____

Signature of representative of employer

Date and signature of representative of trade union local branch / representative of unemployment fund

___/___ _____

Membership subscription of a new member cannot be collected retroactively. The date of joining must be a day of paid employment. Membership subscription is collected as of the date of joining.

I hereby authorize with my signature the Open Unemployment Fund to verify my membership subscription payment status with the Industrial Union and to collect any outstanding membership subscription of the Industrial Union and of the Open Unemployment Fund by deducting them from the benefits pursuant to the Unemployment Security Act paid to me by the Unemployment Fund. I hereby authorize the Industrial Union to disclose my membership details to the Open Unemployment Fund when I join that Fund. I hereby authorize the shop steward at my workplace to manage matters related to my employment relationship and my membership. This authorization shall expire when my membership expires.

Employee date

___/___ _____

Employee signature

Member recruiter	Local branch number

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

11/2022