

<b>Membership subscription recipient</b>	Teollisuusliitto ry / Industrial Union PO Box 107, 00531 Helsinki Switchboard +358 20 77 4001	Open Unemployment Fund A-kassa P.O. Box 116, 00531 Helsinki Switchboard +358 29 372 4000	Union number 015 Employer contributions to be paid into bank account FI41 5541 2820 0335 13
<b>PLEASE NOTE!</b>	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 fee yourself. It is also important to fill out the Employee location information if the job address is different from the employer's address.		
<b>Becoming a member</b>	<input type="checkbox"/> I am joining the Industrial Union and A-kassa <input type="checkbox"/> I am joining the Industrial Union only <input type="checkbox"/> I am changing jobs <input type="checkbox"/> I am changing my local branch		Branch number <i>(you can leave this blank to be filled in by the Industrial Union)</i>
<b>Change of union / unemployment fund</b>	By my signature, I authorise the Industrial Union and the A-Kassa 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.		The name of the previous trade union/ unemployment fund
<b>Employee</b>	Personal identity code	<input type="checkbox"/> Offers about benefits for members can be sent to me by e-mail, SMS or other electronic channels	<input type="checkbox"/> My address details may be used for direct marketing purposes
	Last name and first names (underline preferred name)		
	First language <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> English <input type="checkbox"/> Other, what?	Nationality <input type="checkbox"/> Finnish <input type="checkbox"/> Other, please specify?	
	Street 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.		
<b>Employment information</b>	Job title	Industry / Collective agreement (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 _____ %      See instructions	
<b>Method of collecting membership fees</b>	<input type="checkbox"/> I pay the membership fee myself <input type="checkbox"/> The employer collects the fee from the wages		
<b>Workplace</b>	Name of the employer/wage payer		
	Name of the company (if different from the employer)	Phone	
	Company (= your workplace) visiting address, city		
<b>Employer's information</b> <i>Employer fills in</i>	Company name		Business ID
	Postal address and city		
	E-mail	Phone	
<b>Agent</b> (e.g. accounting firm)	Contact person (responsible for remittance and collection)		
	Postal address and city		
	E-mail	Phone	
Collection of membership fees starts on _____/_____/_____		Signature of representative of employer	Date and signature of representative of trade union local branch / representative of unemployment fund _____/_____/_____
<i>Membership fees of a new member cannot be collected retroactively. The date of joining must be a day of paid employment. <b>Membership fees are collected as of the date of joining.</b></i>			
By my signature, I authorise A-kassa to check the membership fee status of the Industrial Union and to collect any missing membership fees from the benefits paid to me by the Industrial Union and A-kassa under the Unemployment Security Act. I hereby authorise the Industrial Union to disclose my membership details to the Open Unemployment Fund when I join that Fund. I authorise A-kassa to forward my membership information to the Industrial Union in order to maintain my membership. I authorise the shop steward at my workplace to handle matters related to my employment relationship and membership. The authorisation expires at the end of the membership.			
Employee date _____/_____/_____	Employee signature		
Member recruiter's membership number		Additional information	