

SIGN ME UP

Trade union
and unemployment
insurance fund

PLEASE COMPLETE USING BLOCK CAPITALS

FIRST NAME _____ SURNAME _____

CPR NUMBER — PHONE _____

ADDRESS _____ POSTAL CODE _____ CITY _____

E-MAIL _____

MY EDUCATION _____ MY PLACE OF STUDY _____

MY EDUCATION COMMENCED ON _____ MY EDUCATION IS EXPECTED TO BE COMPLETED ON _____

- I would like to receive information from Finansforbundet about membership offers from Finansforbundet's partners. Finansforbundet can contact me via telephone, e-mail, SMS and social media.
- I would like to receive information from Finansforbundet via e-Boks and therefore consent to Finansforbundet passing on information about my name and CPR number to e-Boks.
- Yes, I have read and accepted the conditions.

I am under 30 years old

- Yes please, I would like to become a member of FTFa. I am under 30 years old and applying for free membership.
As a student, I earn less than DKK 228,996 per year. I do not receive rehabilitation allowances or benefits of any other kind. As a trainee, my only income is my training allowance. I had an address and was staying in Denmark prior to the commencement of my education.

Are you already a member of an unemployment insurance fund and wish to change* to FTFa? (Tick the appropriate box) Yes No

State which unemployment insurance fund you are a member of: _____

Have you been a member of an unemployment insurance fund before now?: Yes No

State which unemployment insurance fund you have been a member of: _____

- Yes please, I would like to be entitled to unemployment benefits as a new graduate when I complete my education and meet the conditions.

I am over 30 years old

- Yes please, I would like to become a member of FTFa. I am over 30 years old and applying for reduced membership dues.
I had an address and was staying in Denmark prior to the commencement of my education.

Are you already a member of an unemployment insurance fund and wish to change* to FTFa? (Tick the appropriate box) Yes No

State which unemployment insurance fund you are a member of: _____

Have you been a member of an unemployment insurance fund before now?: Yes No

State which unemployment insurance fund you have been a member of: _____

- Yes please, I would like to be entitled to unemployment benefits as a new graduate when I complete my education and meet the conditions.



DATE _____ SIGNATURE _____

By signing, I agree that FTFa and Finansforbundet may process and exchange the above information internally. The processing is for the purpose of enrolling me in the above associations/organisations. I hereby declare on my honour that the information is correct and that I understand and accept the membership rules of Finansforbundet and/or FTFa.

* You will retain all of your rights if you are changing from another unemployment insurance fund - we will take care of the details. Your enrolment allows us to collect your membership information from your current unemployment insurance fund.