

## **SIGN UP**

Fill out the form and become a member



## Fill out and scan

Send via e-mail to: maritime@danskmetal.dk

Date:

Name:	CPR No.:  Danish social security number			Your registration
				will not take effect until you receive
Address:				confirmation.
7:	City			
Zip code.:	City:			_
Country:	Phone:		Mail:	
JOBS AND EDUCATION				
Employer's name:  If employer is Maersk please specify which brand, e.g. N	Employer's Zip code:			
	idersk Line, Maersk Suppty			
Job title:	Date of employment:			
Education:	Date of graduation:			
MEMBERSHIP				
Dansk Metal: Union	Yes	No	Metal A-kasse: Ye Unemployment fund	s No
Are you a member of another unemployment ful	nd: Yes	No	If yes, which one:	
Have you ever been a member of an unemploym	ent fund: Yes	No	If yes, which one:	
INSURANCE 31,50				
Leisure time accident insurance:  DKK per month Ye	s No			
ALLOW FEE PAYMENT FROM PA	YROLL:			
To facilitate union fee payment, this can be done in your salary by your employer. If you accept an will arrange it.		F	ee payment from payroll: Ye	s No



**SIGNATURE:** 

