



SIGN UP

Fill out the form and become a member



Name: _____ Date: _____

CPR No.: _____
Danish social security number

Address: _____

Zip code.: _____ City: _____

Country: _____ Phone: _____ Mail: _____

JOBS AND EDUCATION

Employer's name: _____ Employer's Zip code: _____
If employer is Maersk please specify which brand, e.g. Maersk Line, Maersk Supply Service etc.

Job title: _____ Date of employment: _____

Education: _____ Date of graduation: _____

MEMBERSHIP

Dansk Metal: Yes No
Union

INSURANCE



Leisure time accident insurance: Yes No

ALLOW FEE PAYMENT FROM PAYROLL:

To facilitate union fee payment, this can be done by direct draw in your salary by your employer. If you accept and tick "yes", we will arrange it.

Fee payment from payroll: Yes No

SIGNATURE: _____

