

## MEMBERSHIP FORM

I am applying for membership in the FUURT and the unemployment benefit fund

I am already a FUURT member, but I want to change my local branch

FUURT local branch: \_\_\_\_\_

Are you a member of some other Akava branch?

no  yes, specify \_\_\_\_\_

<b>Personal details</b>	<b>Last name</b>	<b>First names (underline preferred name)</b>	<b>Telephone</b>
	<b>Personal identity number</b>	<b>E-mail</b>	
<input type="checkbox"/> information only to be used for the marketing of membership benefits	<b>Street address</b>	<b>Postal code and city</b>	
	<b>Mother tongue</b>	<b>Nationality</b>	
	<input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Finnish <input type="checkbox"/> Other, specify _____	

<b>Education</b>	<b>Degree and qualification</b>
	<input type="checkbox"/> Matriculation exam. <input type="checkbox"/> BA or equiv. <input type="checkbox"/> MA or equiv. <input type="checkbox"/> Licentiate <input type="checkbox"/> PhD <input type="checkbox"/> Adjunct professor
	<b>Field</b>
	<input type="checkbox"/> theological <input type="checkbox"/> health science <input type="checkbox"/> dentistry <input type="checkbox"/> humanist <input type="checkbox"/> law <input type="checkbox"/> veterinary science <input type="checkbox"/> industrial art and design <input type="checkbox"/> business <input type="checkbox"/> pharmacy <input type="checkbox"/> pedagogical <input type="checkbox"/> natural science <input type="checkbox"/> other, specify _____ <input type="checkbox"/> sports science <input type="checkbox"/> agriculture and forestry _____ <input type="checkbox"/> social science <input type="checkbox"/> technology _____ <input type="checkbox"/> psychology <input type="checkbox"/> medicine _____
	<b>Subject</b>

<b>Employment details</b>	<b>Employer</b>
	<input type="checkbox"/> Aalto University <input type="checkbox"/> Lappeenranta University of Technology <input type="checkbox"/> University of Tampere <input type="checkbox"/> University of Helsinki <input type="checkbox"/> University of Oulu <input type="checkbox"/> University of Turku <input type="checkbox"/> University of Jyväskylä <input type="checkbox"/> Sibelius Academy <input type="checkbox"/> University of Vaasa <input type="checkbox"/> University of Eastern Finland <input type="checkbox"/> Hanken School of Economics <input type="checkbox"/> Åbo Akademi University <input type="checkbox"/> University of Lapland <input type="checkbox"/> Tampere University of Technology <input type="checkbox"/> Other, specify _____
	<b>Workplace</b>
	<b>Type of employment</b>
	<input type="checkbox"/> fixed-term <input type="checkbox"/> permanent
	<b>Position</b>
	<input type="checkbox"/> Assistant <input type="checkbox"/> Trainee researcher/ <input type="checkbox"/> Amanuensis <input type="checkbox"/> Senior assistant <input type="checkbox"/> Junior researcher <input type="checkbox"/> Planner <input type="checkbox"/> Lecturer <input type="checkbox"/> Researcher <input type="checkbox"/> Librarian/Informatician/ <input type="checkbox"/> University lecturer <input type="checkbox"/> University researcher <input type="checkbox"/> Information specialist <input type="checkbox"/> Professor <input type="checkbox"/> Senior researcher <input type="checkbox"/> Library amanuensis <input type="checkbox"/> Full-time teacher <input type="checkbox"/> Academy research fellow <input type="checkbox"/> Other library position <input type="checkbox"/> University teacher <input type="checkbox"/> Post-doctoral researcher <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Clinical instructor <input type="checkbox"/> Grant-funded researcher _____

<b>Mode of payment</b>	<input type="checkbox"/> authorisation for direct debiting (I will submit the authorisation to my employer) <input type="checkbox"/> I will pay my dues personally
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<b>Date and signature</b>	_____ / 20____	_____
	Location and date	Signature