

MEMBERSHIP APPLICATION UNION/UNEMPLOYEMENT FUND

Association no ____

☐ New member □ Rejoining ☐ Change in employment ☐ Change in membership status ☐ Change in association, from (name of association) Membership no _ PERSONAL INFORMATION Personal ID number (date of birth) Surname First name (underline commonly used name) Address Mother tongue Finnish ☐ Swedish Other, specify Post code Post office Nationality Finnish Other, specify Home telephone number (with area code) Work telephone number (with area code) Mobile phone Work e-mail address Other e-mail address ☐ My contact information may not be released to insurance. Professional title **EMPLOYMENT INFORMATION Employer** Group Address Post code and post office Workplace (magazine, editorial office, etc.) Address Post code and post office Type of workplace ☐ Newpaper ☐ Magazine ☐ Local paper ☐ Organisation paper ☐ Customer magazine ☐ Staff magazine ☐ Yleisradio ☐ MTV3 ☐ Private TV station ☐ Private radio station ☐ Programme production company ☐ News agency ☐ Picture agency Publishing company Communications company Multimedia Other, specify Type of employment ☐ Permanent, full-time Fixed-term, full-time ☐ Permanent, part-time ☐ Fixed-term, part-time Duration of employment Regular working hours Average monthly wages (excluding evening and other work supplements) Began Ends Hours/week Is journalistic work your main source of income? ☐ Yes ☐ No Former employer Employment ended on FREELANCER/SELF-EMPLOYED I work primarily for the press for radio or television for other, specify Average gross monthly earnings (expenses deducted before taxes) ☐ I have my own company, name €/kk Principal income from journalistic work since the year: Percentage of income from journalistic work:

EDUCATION	
Basic education	
Degree in the editorial profession	Polytechnic degree Year
Academic degree in journalism Year	☐ Degree in Culture and Arts ☐ Other, specify
☐ Master's degree ☐ Bachelor's degree	Other degree Year
Other academic degree, intermediate studies in journalism	Academic degree in another field, specify
Other professional degree, specify	Other training/diploma, specify
MEMBERSHIP IN THE UNEMPLOYMENT FUND (MUST BE FU	- 1 1
As a member benefit, the Union of Journalists in Finland can represent an employed member in the Unemployment Fund for Journalists; this	
information is transferred directly to the Unemployment Fund. Upon transferring within a month from one unemployment fund to another and upon	
submission of proof of the transfer to the Unemployment Fund for Journalists, we will take earlier membership and employment into account. Self-	
employed persons may, if desired, apply separately to be a member of the unemployment fund intended for entrepreneurs.	
☐ I will join the Unemployment Fund for Journalists ☐ I do not wish to join the Unemployment Fund for Journalists	
☐ I wish to transfer to the Unemployment Fund for Journalists ☐ I am already a member of the Unemployment Fund for Journalists	
I am transferring from another unemployment fund, name	joining date
ENTREPRENEURSHIP (UNEMPLOYMENT SECURITY ACT, Se	
I am self-employed as intended by the selected statement:	
☐ I am under an obligation to insure in accordance with the Self-employed Persons' Pensions Act.	
☐ I work in a management position in a limited liability company (i.e. I own 15 % or, along with family members, a minimum of 30 % of the share	
capital or votes).	
☐ I work in a limited liability company that I own (i.e. alone or together with family members, I own 50% of the share capital or votes)	
☐ I work in another corporation with a similar number of votes	
The person is in a management position in the company if he/she is the Managing Director or Board member in a limited liability company or if	
he/she holds a similar postition in another company or corporation. A family member is considered to be a spouse of the person working in the	
company and a person who is a parent or child of the person working in the company and who lives in the same household.	
LETTER OF SUPERVISORY AUTHORITY FOR KOPIOSTO COPYRIGHT ORGANISATION	
I grant UJF the authorities stated in the provided letter of authorisation in the capacity intended by my title. I am not granting a letter of authorisation.	
SIGNATURES	COLLECTION AGREEMENT
Applicant Application date Signature	An agreement between the employee and employer regarding the collection and forwarding of union membership fees (Union
Application date orginature	membership fee and Unemployment Fund payment) to the
1115	Union
UJF membership association**	Member's signature Date
Date of approval** Signature of secretary/authorised person	Employer's signature Date
Union	Clarification of name
Date of approval Initial date of membership *	
Unemployment Fund for Journalists	Collection will begin on *
Date of approval Initial date of membership *	
	Payments will be paid to Sampo 800012 - 83674
On behalf of the Union	

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