

PROXY

for the authority to debit the Union’s membership fee

Please, return filled in and signed TO THE UNION scanned or mailed. The Union will send the proxy to the employer.



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| The employee signing this proxy hereby grants the employer the authority to debit the Union’s membership fee from his/her salary. The employer shall debit the membership fee, in accordance with the collection basis provided separately by the Union, from the employee’s gross salary that is subject withholding tax.  |
|  Employer (Authorized)  |  University, research institute, other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department or unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
|  Employee (Assignor)  |  Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Given names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Personal ID number \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  Home address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post or title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Permanent service relationship Fixed-term service relationship  |
|  Recipient of membership fee  |  Professoriliitto ry (Finnish Union of University Professors) Erottajankatu 7 A, 00130 Helsinki Bank: Nordea IBAN: FI2722983800000342 BIC:NDEAFIHH   |
|  Membership information  |  New member of Union Change of workplace  Membership valid as of \_\_\_\_\_\_/\_\_\_\_\_\_ 20\_\_\_\_\_\_  Member of another Akava union (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
|  Validity of proxy  |  This proxy is valid from the start of the next full collection period following the date the agreement is signed by the employer until further notice or the end of the employment relationship. The employee may terminate the proxy to end at the close of the next full collection period following the notification of the termination.   |
|  Proxy signature  |  The undersigned employee has granted this proxy in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_/\_\_\_\_ 20\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature   |

N.B. The signed proxy is to be sent to the Finnish Union of University Professors. Rautatieläisenkatu 6, FI-00520 Helsinki, or scanned to email professoriliitto(at)professoriliitto.fi. (if you scan, pls leave the personal ID no out for security reasons).

 Received by the Finnish Union of University Professors on ……/…..…..20………

Received by the Employer ………/…..…..20…………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature by the employer’s representative