

MEMBERSHIP ENROLMENT FORM (please use capital letters)

Hand in with your trade union the Austrian Trade Union Federation (ÖGB), or send to ÖGB, Johann-Böhm-Platz 1, 1020 Vienna.

Surname/title	First name	Current activity (occupation/function)	Periods of full membership from/to With trade union		
Street, street no.	Date of birth	Employed with company/department – school/university	Second membership with trade union		
Postcode, town	<input type="checkbox"/> Male <input type="checkbox"/> Female	Street, street no. of company/department – school/university	Date of joining Day/month/year		
Telephone:	Nationality	Postcode and place of company/department – school/university	Date of joining the trade union - No. see overleaf		
Email:	Line of business		Gross monthly pay/EUR		
<input type="checkbox"/> Employee	<input type="checkbox"/> Public servant	<input type="checkbox"/> Apprentice	<input type="checkbox"/> Contractors for work and services	<input type="checkbox"/> Other*	
<input type="checkbox"/> Worker	<input type="checkbox"/> Contract public-sector staff	<input type="checkbox"/> Pupil/student*	<input type="checkbox"/> freelancers	<input type="checkbox"/> Unemployed*	* Explanation see overleaf
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Small-scale employment			

I WILL SETTLE MY MEMBERSHIP DUES BY (please tick as appropriate):

SEPA direct debit mandate

Mandate reference (issued by collecting entity)

I hereby authorise the Austrian Trade Union Federation (ÖGB) and/or the unions under the ÖGB umbrella to collect recurrent payments from my account by means of SEPA direct debit. At the same time, I instruct my credit institution to honour the SEPA direct debits drawn by ÖGB on my account. I may demand a refund of the amount debited within eight weeks from the debit date. The terms and conditions agreed upon with my credit institution shall apply.

If I have consented to my membership dues being deducted automatically from my wages or salary by my employer, but no longer wish to have the amount deducted automatically, or if I leave the company, or if automatic deduction of my membership dues by my employer is no longer possible, I request, without being consulted any further, that the mode of payment be changed to SEPA direct debit from the account I have specified.

Account holder:

Bank:

IBAN:

BIC:

Place/date/signature

All payments shall be made to:
Austrian Trade Union Federation / Österreichischer Gewerkschaftsbund,
Johann-Böhm-Platz 1, 1020 Vienna, Creditor-ID: AT48ZZZ0000006541

Automatic deduction by my employer: I herewith declare that

- I consent to my membership dues being automatically deducted by my employer from my wages/salary, my compensation as apprentice; and/or that the pension-disbursing entity may retain and transmit the amount from my pension; and
- I such give my consent that my personal data required for collecting my membership dues, i.e. the above data and trade union affiliation, staff number, membership dues data, collective bargaining agreement cover, admission/retirement dates, periods of leave, retirement, periods of military service, training and alternative civilian service, as well as address-change data, may be processed by my employer and the trade union, and I can withdraw my consent to the automatic deduction of my membership dues at any time vis-à-vis ÖGB.

I agree to being contacted by ÖGB, ÖGB Verlag and/or VÖGB by telephone or electronic mail (sec 107 Telecommunications Act) to inform me about promotions concerning tickets, books, events etc. and to transmit any other information. This authorisation may be revoked at any time.

I confirm that I have taken note of the Privacy Notice overleaf (retrievable also under www.oegb.at/datenschutz).

Place, date

signature

Upon receipt of the membership card, all important information such as the collective agreement, information on topics of current interest, activities etc. may be retrieved on the website of the respective trade union by using the membership number. The membership dues are tax deductible.

Information on the applicant:

Surname:

first name:

Membership number:

Reason for joining: