



VEFF

VERITAS FUNKTIONÆRFORENING

MEMBERSHIP APPLICATION FORM FOR VEFF

The signer hereby applies for membership in VEFF and hereby agrees that the membership fees, incl. fees for the reserve fund, are deducted from my monthly wages. My membership is valid until I give a termination notice in writing.

Any information given to VEFF will be treated as confidential and will not be disclosed to third party. Handling of personal data will be in accordance with the regulations given in the data protection agency.

I accept that I will be registered as passive member in Parat – the parent organisation of VEFF

To be filled in by the applicant:

Last name:	First name:
Private address:	Postal code:
City:	Country:
Date of birth:	Gender:
Education (highest level):	
Year of Graduation:	
Date employed in DNV:	Company:
Department number:	DNV Employee number:
I work: Full time__ Part time__	If part time pleased indicate percentage: __%
Date:	Signature:

To be filled in by the local VEFF representative

VEFF Group:	Signature:
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To be filled in by VEFF Centrally

Registered in the membership database on:	Signature:
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