



Staff Union
of the International Labour Organization
Syndicat du personnel
de l'Organisation internationale du Travail
Sindicato del personal
de la Organización Internacional del Trabajo

MEMBERSHIP FORM FOR INTERN

I, the undersigned:

Mr/Ms/Mx (Please specify):

Surname:

First name:

Department:

E-mail:.....
(ILO address if possible)

Office number:

Dates of internship:

From: To:

Address:

.....

.....

declare that I wish to become a member of the ILO Staff Union.

Date:

Signature:

As an Intern, I am exempt from paying Staff Union dues

As a non-dues paying Intern member, I understand that:

- I will receive an attestation;
- I will have access to any information and advice available from the Union;
- I will be able to speak, vote and submit resolutions at General Meetings on matters affecting the Interns.