

Membership form

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.