



Membership form

A. Mr/Ms/Mx (Please specify):

Surname: First name:

Grade: Branch:

e-mail: Type of contract:

Duty station: Country:

declare that I wish to become a member of the ILO Staff Union as of the date indicated below. I agree that my dues as fixed by the Annual General Meeting (currently 4.5 per thousand of salary) may be deducted at source from each month's salary. To this end, I have signed the authorization form below, reserving the right to revoke it in the event of my resignation.

Date: Signature:

B.

Authorization to deduct Staff Union dues

I hereby authorize the Central Payroll Unit to deduct from my monthly net salary and to remit to the Treasurer of the Staff Union an amount equal to the monthly membership dues as fixed by the Staff Union.

Surname:

Personnel number:

Date: Signature: