

- Tehy branch membership application form and/or union subscription collection agreement
- Health care sector unemployment fund membership application

PLEASE COMPLETE IN CAPITAL LETTERS AS WE USE AN OPTICAL READER. MAKE SURE THAT YOUR WRITING IS CLEARLY VISIBLE ON THE DUPLICATE COPY ALSO.

New me	ember Change of workplace	New br	oranch number	Mailing language	Finnish Swedish		
1. Identity code		Surname		0 0 0			
Personal details							
See In-	First names			Mobile phon	e		
structions							
	Address - street & number			Work telepho	one (also area code)		
	Post code Town or postal area						
				No adv	ertisements, please		
	E-mail address						
	Professional education				Date of qualification dd/mm/yy		
2.	Employer who pays your salary			Telephor	ne (also area code)		
Employ- ment							
details	Delivery address		Po	st code and postal area			
See In- structions		<u> </u>					
otr decroirs	Workplace/institution		Pr	ofessional sector			
	Position/job title						
	Nature of employment		Short-term	Working time	Part-time		
	Employee Official posit		contract	Full-time work	work Hourly work		
3. Absence	At present I am absent from work due to (tick box)						
from work	Nursing loave* Work sharing* Abroad*						
See In- structions	health care training* Work sharing Abroad which *Expiry date						
structions	Maternity leave / Military service / consci- parenting leave* Unemployed / Sick leave / rehabilitation* Indicate the parenting leave in t						
4.	parchang scare chaoas objector service temporarily laid on renaultration						
Business	I run my own full-time business in the health care and social sector Business ID (Y-tunnus)						
member's details	I work alone	ava 1 2 amplayaas	I have mo	re than 3 employees	I run my own business part-time		
5.	I want to join the	nave 1 - 3 employees	1 Have IIIO	re than 5 employees	1 run my own business part-time		
Unem- ployment	unemployment fund	will be employed from	m	I will give details of my jo	b later		
fund	My previous unemployment fund						
See In-	I authorise the Health Care Sector Unemployment Fund to inform my previous unemployment fund that I have given						
structions	up my membership.						
	I am already a member of the unempl	oyment fund					
	I do not join the unemployment fund						
6.	Method of paying union dues	Method of paying union dues					
Method of paying	Employer will deduct from wages I will pay the subscription myself (Tehy will send reference numbers)						
union dues	The employer and employee have today agreed upon the collection of union membership subscription.						
See In- structions	The employee gives permission for the details of her/his wages to be forwarded to the local union representative and for transferring her/his membership automatically to the union branch according to the employer/domicile.						
otr decroirs	Rules for collecting the union membershi The employer collects the union membersh	subscription p subscription accordin	ing to the rule which the uni	on has provided in writing and t	transfers them to the Tehy account of		
	The employer collects the union membersh membership dues using reference numbers be changed during the year. The employer was	supplied by Tehy. The ac	accounting rule will be set for lity for any errors in the info	one calendar year at a time as a rmation provided by the employ	percentage or in euros, and this cannot ree or by the trade union.		
	Signed by the employer / pay-roll department and date N			Member			
	C / I / I / C	Date					
		Signature	Signature				
	Other issues						
+	Branch to complete Branch no. Date	Signatu	ture of branch representati	ve			
	Diazen no.						

- Health care sector unemployment fund. Telephone helpline (09) 5422 7300.
- www.tehy.fi



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1. Personal	Identity code	Surname					
details							
See Instructions	First names			Mobile phon	e		
	Address - street & number			Work telepho	one (also area code)		
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	E-mail address				- 1		
	Professional education				Date of qualification dd/mm/yy		
2. Employ- ment details	Employer who pays your salary			Telephon	e (also area code)		
	Delivery address		Post	code and postal area			
See In-							
structions	Workplace/institution		Profe	essional sector			
	Position/job title						
	Transfer of the second			T17. 11. 41			
	Nature of employment Employee Official posit	ion Permanent	Short-term	Working time Full-time work	Part-time Hourly work		
3.	At present I am absent from work due to		contract	run-time work	work Hourly work		
Absence from work	Social and/or health care training* Nursing leave* Work sharing* Abroad* Other, state which						
See In- structions	*Expiry date Maternity leave / Military service / consci- Unemployed / Sick leave /						
	parenting leave* entious objector service* temporarily laid off* rehabilitation* :						
4. Business	I run my own full-time business in the health care and social sector Business ID (Y-tunnus)						
member's details	I work alone I have 1 - 3 employees I have more than 3 employees I run my own business part-time						
5.	I want to join the	have 1 - 3 employees		1	, ,		
Unem- ployment fund	unemployment fund I will be employed from I will give details of my job later						
See In-	My previous unemployment fund I authorise the Health Care Sector Unemployment Fund to inform my previous unemployment fund that I have given						
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	I am already a member of the unemp	I am already a member of the unemployment fund					
	I do not join the unemployment fur	d					
6. Method of	Method of paying union dues	7					
paying union dues	Employer will deduct from wages						
See In-	The employer and employee have today agreed upon the collection of union membership subscription. The employee gives permission for the details of her/his wages to be forwarded to the local union representative and for transferring her/his membership automatically to the union branch according to the employer/domicile.						
structions	Rules for collecting the union membershi	Rules for collecting the union membership subscription					
	The employer collects the union membership subscription according to the rule which the union has provided in writing and transfers them to the Tehy account of membership dues using reference numbers supplied by Tehy. The accounting rule will be set for one calendar year at a time as a percentage or in euros, and this cannot be changed during the year. The employer will not take responsibility for any errors in the information provided by the employee or by the trade union.						
	Signed by the employer / pay-roll depart	ment and date	Member				
		Date					
			Signature				
	Other issues						
T	Branch to complete Branch no. Date	Signa	ture of branch representative				

- Tehy ry, PL 34, 00060 TEHY. Membership helpline Telephone (09) 5422 7200. Telefax (09) 6150 0275
- Health care sector unemployment fund. Telephone helpline (09) 5422 7300.
- www.tehy.fi

Professional associations affiliated to Tehy

The Association of Biomedical Laboratory Scientists in Finland - Suomen Bioanalyytikkoliitto ry (SBL), PL 110, 00060 Tehy. Tel: (09) 5422 7471, www.bioanalyytikkoliitto.fi

Magazine: Bioanalyytikko

The Finnish Paramedic Association (SEHL) - Suomen Ensihoitoalan Liitto ry, PL 80, 00060 Tehy. Tel: (09) 5422 7209, www.sehl.fi Magazine: Ensihoitaja-lehti.

The Federation of Finnish Midwives - Suomen Kätilöliitto ry, (SKäL)

PL 100, 00060 Tehy. Tel: (09) 5422 7491, www.suomenkatiloliitto.fi

Magazine: Kätilö.

The Finnish Association of Child Care and Nursery Nurses (SLaL) -Suomen Lastenhoitoalan liitto ry,

PL 120, 00060 Tehy. Tel: (09) 5422 7501, www.slal.fi

Magazine: SLaL.

The Finnish Mental Health Care Sector Association - Suomen Mielenterveyshoitoalan Liitto ry (SMTHL),

PL 130, 00060 Tehy. Tel: (09) 5422 7209, www.smthl.net

Magazine: Mielenterveyshoitaja-Mentalvårdare.

The Society of Radiographers in Finland - Suomen Röntgenhoitajaliitto ry (SRL),

PL 140, 00060 Tehy. Tel: (09) 5422 7521, www.suomenrontgenhoitajaliitto.fi

Magazine: Radiografia.

The Finnish Nurses Association - Suomen sairaanhoitajaliitto ry (Ssl),

Asemamiehenkatu 2, 00520 Helsinki. Tel: (09) 229 0020, www.sairaanhoitajaliitto.fi

Magazine: Sairaanhoitaja-Sjuksköterskan.

The Finnish Federation of Oral Health Care Professionals - Suun Terveydenhoidon Ammattiliitto ry (STAL),

PL 90, 00060 Tehy. Tel: (09) 5422 7531, www.stal.fi

Magazine: Suun Terveydeksi.

In partnership:

The Finnish Association of Chiropodists and Podiatrists (SJJL) - Suomen Jalkojenhoitaja- ja Jalkaterapeuttiliitto ry, PL 150, 00060 Tehy. Tel: (09) 701 1140, www.saunalahti.fi /sjjl

Magazine:Podoprintti.

Finnish Practical Nurses - Suomen Lähihoitajat ry (SL), PL 10, 00060 Tehy. Tel: (09) 5422 7209



Tehy pays the postage

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