



Box 4040  
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Sweden  
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I want an entry as from:

As:

- Active member
- Interactive member
- Passive member
- Student member

Category of officer:

- Nautical officer
- Engineer officer
- Catering officer

## Application for membership

(Note that application for membership in the unemployment benefit fund is made on a special form)

I wish an application form for membership in the unemployment benefit fund of the Association for managerial and professional staff

### Personal data

Family name	First name (underline the given name)	Date of birth or Civic reg no
Address	Postal address incl country	Phone
Citizenship	E-mail address	Mobile

### Present employment

Ship	Shipowner	Position
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### Education and qualification

Latest exam/vocational training	The maritime academy in	Year
Other education	School and town	Year
I am at present a student at the maritime academy in	I plan to pass an examination as	at the date
Swedish certification	Non-Swedish certification	

### Membership in union

I am member of a Swedish union and I plan to leave this union as from _____
At present I am an interactive/a passive member of MOA <input type="checkbox"/> Yes <input type="checkbox"/> No

### I want to pay my membership fee by:

<input type="checkbox"/> Withdrawal from salary <input type="checkbox"/> Paying-in form
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I have taken part of and approved the Maritime Officers' Association policy for personal data.

#### Policy for personal data

In order to administer your membership in the Maritime Officers' Association, we process your personal data in our records. The Maritime Officers' Association is responsible for the personal data registered of you as a member. We store the personal information needed to fulfil our commitments to you. For these purposes, data may also be submitted for processing, such as for example in administration of collective agreements insurances, income insurance, and to offer you other services and products associated with your membership.

I hereby apply for membership in the Maritime Officers' Association

Date

Signature

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