



VOICE OF THE WORKERS

# Enrolment Form

I wish to become a member of the UHM. I Declare that I will observe all its regulations, current and future ones.

Name \_\_\_\_\_ Surname \_\_\_\_\_

ID Card No \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address 1 \_\_\_\_\_

Street name \_\_\_\_\_

Town \_\_\_\_\_ Postal code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Sex (M) male  (F) female  (X) other genders  Nationality \_\_\_\_\_

Place of Work \_\_\_\_\_ Grade \_\_\_\_\_

Work Section / Station / Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## INTERNAL USE ONLY

Amount Paid \_\_\_\_\_ Membership No \_\_\_\_\_ Processed Date \_\_\_\_\_

Rejoining Fee: €10 Full Membership: €52\* (\*the Management have the prerogative to apply an Early Bird Discount)

N.B. By submitting the membership, I'm declaring that I will observe all the current and future regulations. The membership or renewal of the membership is always subject to the approval of the Management of the Union. Termination of membership can be done by sending a formal request by mail or electronic mail and has to have the membership paid up until the end of the year in which resignation request is submitted.



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# Check-Off Authorisation Form

I, the Undersigned, hereby authorise the Management to deduct from my wages/salaries the initial fees and the current amount of my Union dues as reported to you by the UHM, and to remit the said amount to the Accounts Section of the Union as my membership dues. This assignment is voluntary, and I understand that I may revoke it at any time in writing. I am also agreeing that, should I resign, I would have to pay the remaining pending yearly fee which will be deducted from my wages/salaries.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Surname \_\_\_\_\_

ID Card No \_\_\_\_\_ Works No \_\_\_\_\_



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