



MEMBERSHIP FORM

I wish to become a member of the Association of Finnish Lawyers
Please fill in all the fields in legible handwriting. Send the completed form by post to:
Lakimiesliitto, Uudenmaankatu 4-6 B, 00120 Helsinki, or a scanned copy to
jasenrekisteri@lakimiesliitto.fi

BASIC INFORMATION

Surname (and former name)	First names (underline the preferred name)	Personal identity code	Native language
_____	_____	_____	<input type="checkbox"/> Finnish <input type="checkbox"/> Swedish
Street address	Postal code and city	Country	<input type="checkbox"/> Other, please specify
_____	_____	_____	_____
Mobile phone no <input type="checkbox"/> Office phone no <input type="checkbox"/>	Email (primary)	Email (secondary)	
_____	_____	_____	

DEGREES

Qualifications: LL.B. LL.M. Year of graduation day ___ month ___ year ____

University: Helsinki Lapland Turku Eastern Finland Åbo Akademi Other / Foreign university _____

Other degree in law: _____

Completed in: Finland _____ Abroad _____

EMPLOYMENT DETAILS

Employer / Company _____ Office _____

Office address _____ Job title _____

Duration of employment Working hours Employment relationship

permanent/until further notice full-time executive contract relationship entrepreneur

fixed-term _____ until part-time, _____ h/week employment relationship public-service relationship

Position: Executive Managerial employee Lower-level employee Other, please specify _____

I am in a managerial position yes no Employment relationship began day ___ month ___ year ____ Employment relationship ends day ___ month ___ year ____

UNEMPLOYMENT FUND MEMBERSHIP

Members of the Association of Finnish Lawyers who are salaried employees and have completed a law degree can insure themselves through the Unemployment Fund for Lawyers. Please fill in the fields that apply to you.

- I wish to join the Unemployment Fund for Lawyers. I do not wish to join the Unemployment Fund for Lawyers.
- I wish to transfer to the Unemployment Fund for Lawyers from _____ unemployment fund.
- I am a member of the Unemployment Fund for Lawyers.

My ownership in the employer company:

- I am not an owner I am an owner myself/with my family
- I own x % personally _____ I own x % together with my family _____

I hold an executive position in the company (managing director, Board member/Chairman) Yes No

Authorisation for disclosure of information: I authorise the Unemployment Fund for Lawyers to disclose, if necessary, my personal information to the Association of Finnish Lawyers for the processing of membership fee discounts, if applicable yes no

MEMBERSHIP FEE DISCOUNTS (ALWAYS ENCLOSE PROOF OF MEETING ONE OF THE REQUIREMENTS)

- Spouse discount Pensioner Unemployed Alternation leave Court training
- Illness, over 2 months Family leave Permanent residence abroad
- Full-time student Member of the Finnish Union of University Professors or the Finnish Union of University Researchers and Teachers
- Period for which the discount is applied _____ - _____

Further information.

SIGNATURE

The Association of Finnish Lawyers may disclose information to parties that comply with the organisation's aims and generate significant benefits to its members. Allowed Not allowed

Date and signature day ___ month ___ year _____