

Application Form:



Naturvetarna

First name: _____

Surname: _____

Civic Registration Number/personnummer (10 digits): _____

Phone number: _____

Address: _____

Postal code: _____

City: _____

E-mail: _____

Occupation: _____

From which month do you want to be a member? _____

EDUCATION

Enter your highest education at undergraduate or advanced level.

Graduate degree: _____

Graduation date/Planned date: _____

Main Subject: _____

University/College: _____

WORK

Employer: _____

City: _____

Company Registration Number: _____

Title: _____

A-KASSA

To join our unemployment insurance, Akademikernas a-kassa, read more and apply at www.akademikernasakassa.se

INSURANCE

As a new working member, you will receive four insurance policies free of charge as part of your membership for three months: life insurance, accident insurance, health insurance and an endowment insurance.

As a new student member under the age of 67, you will receive free accident insurance.

By applying for membership, you agree to Naturvetarnas' statutes and that we process your personal data in accordance with the GDPR (General Data Protection Regulation).



Naturvetarna



Danielle, geovetare på Försvarsmakten