

# AKAVIA MEMBERSHIP APPLICATION

Please write clearly!

## PERSONAL INFORMATION

First Name		Last Name		Swedish Personal Identity Number, 12 digits	
Address			Phone Number (Day time)		
Postal Code	City		Email		
Member Group (Mark with cross)	<input type="checkbox"/> Business Professional / Economist	<input type="checkbox"/> Social Scientist	<input type="checkbox"/> HR Professional		
	<input type="checkbox"/> Lawyer	<input type="checkbox"/> IT-Academic	<input type="checkbox"/> Communication Specialist		

## EDUCATION

Academic education: specify which one(s)		Credits	University	
Total number of credits in your undergraduate education*		<input type="checkbox"/> 0—179 credits <input type="checkbox"/> 180—239 credits <input type="checkbox"/> 240—299 credits <input type="checkbox"/> 300 credits or above	Vocational Degree* <input type="checkbox"/> 4 years, 240 credits or 160 points, B.Sc. <input type="checkbox"/> 4,5 years, 270 credits or 180 points, Law	
I finished my studies		Total amount of credits*		
Year _____ Month _____		_____ p (points)/ _____ credits		

\* From 1 July 2007, one semester's full-time study corresponds to 30 higher education credits (previously 20 points).

## WORK

<input type="checkbox"/> Employed <input type="checkbox"/> Entrepreneur <input type="checkbox"/> Other (specify) _____	
Current Employer	Organisational Number, 10 digits
Company Address	City
Title / Position	After my studies, I will commence working from Year _____ Month _____
<input type="checkbox"/> I have a managerial position with staff and/or budget responsibility	

## AKADEMIKERNAS A-KASSA

Please indicate if you are a member of Akademikernas a-kassa.

NOTE! You have to be a member of Akademikernas a-kassa to be eligible for Akavia's income insurance.

- I am already a member in Akademikernas a-kassa  I want to become a member in Akademikernas a-kassa  
 I want to change a-kassa to Akademikernas a-kassa  I don't want to join Akademikernas a-kassa

### NOTE!

A separate online application has to be filled out to become a member of Akademikernas a-kassa.

Fill in your application here:  
[www.akademikernasakassa.se](http://www.akademikernasakassa.se)

## SIGNATURE

City and Date	Sign here
---------------	-----------

For information regarding the processing of your personal data - read more at [www.akavia.se](http://www.akavia.se)

Send the form free of charge to Akavia, 110 05 Stockholm.  
You can also scan and email this form to [medlem@akavia.se](mailto:medlem@akavia.se).  
If you have any questions call 010-3037500.

**AKAVIA**