

AWVN



Membership Application form

for membership of
AWVN employers' association

Progress through innovative working methods

We would like to apply for membership of AWVN employers' association.

1. Membership options

Normal membership:

Multiple memberships will be required in case of multiple collective agreements.

Prospective membership:

Prospective membership is a stepping stone to a normal membership. Prospective membership has a maximum term of six months, subject to a termination notice period of one month. You will have a one-time opportunity to apply for prospective membership. A paid consultancy contract must be awarded at the time that prospective membership commences. If the conditions are not met, normal membership shall be granted.

Name of the organisation: _____

Desired start date: _____ / _____ / 20____ (day / month / year)

2. Head office address

Visiting address: _____

Postal Code and city: _____

P.O. Box: _____

Postal Code and city: _____

General phone number: _____ - _____

E-mail address for invoices: _____

Chamber of Commerce and Industries Registration number: _____

3. Contact persons

Job title: **General Manager**

Initials: _____

Title: _____

First name: _____

Middle name: _____

Surname: _____

Sex: m f

Telephone: _____

E-mail: _____

Job title: **HR-manager**

Initials: _____

Title: _____

First name: _____

Middle name: _____

Surname: _____

Sex: m f

Telephone: _____

E-mail: _____

Contact persons (Continued)

Job title: **Finance Manager**
 Initials: _____
 Title: _____
 First name: _____
 Middle name: _____
 Surname: _____
 Sex: m f
 Telephone: _____
 E-mail: _____

Job title: _____
 Initials: _____
 Title: _____
 First name: _____
 Middle name: _____
 Surname: _____
 Sex: m f
 Telephone: _____
 E-mail: _____

All contact persons have access to the AWWN's exclusive member site and are subscribed to the AWWN's various digital newsletters. Subscriptions can be cancelled via the personal page of the AWWN member site.

4. Wages and salaries and number of employees

The contribution shall be based on the wage bill of all group companies or of the sector as a whole for the previous calendar year. Total wage bill for the previous year:

€ _____, 00

Total salary excluding supervisory directors' and management board members' entitlements a per Column 14 of the Model Wage Sheet.

Number of employees as at 1 January of this year in all group entities: _____

5. CBA

Does your organisation have its own CBA? no yes

Is your organisation covered under an industry-wide collective labour agreement? no yes, namely:

6. Trade association

Which trade association(s) is your organisation affiliated with?

7. Signature

The undersigned declares that he/she has read the Articles of Association and Internal Rules of Procedure of AWWN and declares that he/she is in agreement with the provisions laid down therein:

Name: _____
 Job title: _____
 Date: _____

Signature: _____



Postal address P.O. Box 93050
2509 AB The Hague

Visiting address Bezuidenhoutseweg 12
2594 AV The Hague

Telephone +31 70 850 86 00

AWVN employers' desk

Telephone +31 70 850 86 05

E-mail werkgeverslijn@awvn.nl

Web www.awvn.nl

Please return the form to: **AWVN**
marked to the attention of: **Membership Administration**
antwoordnummer 93234
2509 AB Den Haag

Telephone: +31 70 850 86 00

E-mail: ledenadministratie@awvn.nl