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: ________________________________________
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 as 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 AWVN and declares that he/she is in agreement with the provisions laid down therein:

Name: ___________________________________________ Job title: ____________________________
Date: ___________________________________________ Signature: ____________________________

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