

Registration Form

DANSK EL-FORBUND
Danish Union of Electricians



Branch name:

Membership no.:

Please fill in the white fields below using block letters.

A. Personal information	Name:	Civil reg. no.: -
	Address:	
	Postcode: City/town:	Tel. no.:
	E-mail address:	Mobile no.:

B. Apprenticeship information: (please tick) Fill in starting and completion dates	<input type="checkbox"/> Electrician's apprentice with education agreement	<input type="checkbox"/> Electrician's apprentice involved in basic training without education agreement
	<input type="checkbox"/> Electrician's apprentice with education agreement after basic training	Apprenticeship started: (date) _____ / _____ 20
	<input type="checkbox"/> Other: _____	Apprenticeship completed: (date) _____ / _____ 20
	Apprenticeship started: (date) _____ / _____ 20	Vocational school: _____
	Apprenticeship completed: (date) _____ / _____ 20	_____
	Submit a copy of your education agreement	_____

C. Company information:	Name:
	Address:
	CVR-no. (VAT no.):

D. Education: (Please tick)	<input type="checkbox"/> Installation skills	<input type="checkbox"/> Control and regulation technology	<input type="checkbox"/> Communications technology
	<input type="checkbox"/> Automatic building installations	<input type="checkbox"/> Electrician	<input type="checkbox"/> Other:

E. Member confirmation:	By signing this agreement, I am obliged to comply with the union's by-laws in force at any time.
	Date: _____ Personal signature _____