

**VOICE OF THE WORKERS**

Rejoining Fee: €10

Miżata Shiħa (Pagament dirett): €48\*

Miżata bin-Nifs (Check-off): €52

\*Jekk il-Miżata titħallas qabel l-athħar ta' Marzu ta' dik is-sena, il-Miżata titraħħas għal-€42 għal dik is-sena.

Nixtieq nidħol membru f'din il-Union. Niddikjara li nosserva r-regolamenti tagħha, kif inħuma issa u kif jistgħu jiġu emendati l'quddiem. Niddikjara li nibqa' membru sakemm inħallas il-ħlas kollu dovut u nirriżenja skond l-istatut.

(UŽA ITTRI KBAR)

ID Card No \_\_\_\_\_ (\_\_\_\_)

Isem \_\_\_\_\_

Kunjom \_\_\_\_\_

Numru u Isem tad-Dar \_\_\_\_\_

Triq \_\_\_\_\_

Lokalità \_\_\_\_\_

Lokalità \_\_\_\_\_

Kodiċi Postali \_\_\_\_\_

Telefon tad-Dar \_\_\_\_\_

Telefon tax-Xogħol \_\_\_\_\_

Mobile: \_\_\_\_\_

Indirizz Elettroniku \_\_\_\_\_

Data tat-Twelid \_\_\_\_\_

Sess M/F

Nazzjonaliità \_\_\_\_\_

Post tax-Xogħol \_\_\_\_\_

Grad \_\_\_\_\_

Firma \_\_\_\_\_ Data \_\_\_\_\_

**GĦALL-UŻU TA' UFFIĊĊU BISS**

Ammont Imħallas: \_\_\_\_\_

Data ta' Proċess \_\_\_\_\_

Numru ta' Šhubija \_\_\_\_\_



UHM Voice of the Workers,  
St.Thomas Street,  
Floriana, FRN1123



+356 2590 5000



info@uhm.org.mt

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**VOICE OF THE WORKERS**

Rejoining Fee: €10      Full Membership (Direct Payment): €48\*      Membership by Installments (Check-off): €52  
*\*If the membership is between by the end of March of that year, the membership shall be reduced to €42 for that year.*

I wish to become a member of this Union. I declare that I will observe all its regulations, current and future ones.

(USE UPPERCASE)

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

ID Card No \_\_\_\_\_

Surname \_\_\_\_\_

Streetname \_\_\_\_\_

Town \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone No \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex M/F \_\_\_\_\_ Nationality \_\_\_\_\_

Place of Work \_\_\_\_\_ Grade \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**INTERNAL USE ONLY**

Ammont Imħallas: \_\_\_\_\_ Data ta' Proċess: \_\_\_\_\_

Numru ta' Šhubija: \_\_\_\_\_



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Town \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone No \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

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