



en arbeidstaker-  
organisasjon i YS

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Faks 21 01 38 00

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NO 971 480 270

**Yes, I want to be a member of Parat**

From date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth : \_\_\_\_\_ Norwegian ID. number: \_\_\_\_\_

Home address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Postal area: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cellphone \_\_\_\_\_

Private E-mail: \_\_\_\_\_

Workingplace: \_\_\_\_\_ Base: \_\_\_\_\_

Work place Adress: \_\_\_\_\_

Postal code: \_\_\_\_\_ Postal area: \_\_\_\_\_

Work e-mail: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Fulltime or parttime: \_\_\_\_\_

Employee number: \_\_\_\_\_

Name of the payment department: \_\_\_\_\_

Mode of payment: Draught from salary  Invoice

I want to receive information for Norwegian Insurance by Gjensidige Forsikring.

Where will I receive my Paratpost: Home address  At my work address:

To complete my memebershipterms I agree that Parat extradite necessary information about my union connection to Parat to all of YS partners.

\_\_\_\_\_  
Date, place

\_\_\_\_\_  
Sign.

\_\_\_\_\_  
Recruited by (name)