

SUBSCRIPTION

I wish to join **kapers** Cabin Crew Union.

Staff Number: _____

Surname: _____

First Name: _____ Sex: F M

Workload (100%, FCCM): _____

Qualification: _____ Comail: _____

Street: _____

Zip Code, City, Country: _____

Phone: _____ Date of Birth: _____

Email: _____

Date of Employment/Airline: _____

3/4-Letter-Code: _____ Base: _____

Fees:

- **0,7% of gross annual salary for full members**

I herewith agree to pay the amount for the **kapers** membership, which will be deducted from my salary.

Date, Signature: _____