

**FAX: 06-6352-9630**

**General Union** **ゼネラルユニオン**  
**Membership Application Form**

Name:

Address:

Home Tel:

Home Fax:

Mobile:

E-mail:

Main employer:

Branch:

Position:

Other workplaces:

**How did you hear about the union?**

Friend/co-worker

Other:

National Union Voice

Union Website

**Duties of Membership**

I agree to the following duties of membership:

- To keep my union dues up to date.
- To attend the union's general meetings.
- To support other union members in dispute.

Signature:

Date:

**General Union** **ゼネラルユニオン**

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