

JOIN IDA

Complete the IDA membership form online at www.ida.dk or mail this to IDA, Ingeniørforeningen i Danmark, Kalvebod Brygge 31-33, DK-1780 København V



Personal data

Cpr. no.	Membership no. (if applicable)		
Complete name	Title		
Address			
Postal code and city	Country, if not DK		
E-mail	Mobile phone	Phone	
Education institution	Graduation month and year		
<input type="checkbox"/>	This is a transfer from student membership		
<input type="checkbox"/>	Yes, my details will appear in IDA's member list		

Education programme

<input type="checkbox"/>	B.Sc.	<input type="checkbox"/>	B.Sc.Export Eng	<input type="checkbox"/>	Foreign degree	<input type="checkbox"/>	M.Sc.	<input type="checkbox"/>	M.Sc.IT
<input type="checkbox"/>	B.Sc.Eng	<input type="checkbox"/>	Food science engineer	<input type="checkbox"/>	Master degree	<input type="checkbox"/>	M.Sc.Eng	<input type="checkbox"/>	PhD
<input type="checkbox"/>	B.Sc.Eng (hon)	<input type="checkbox"/>	Food science graduate	<input type="checkbox"/>	Military education	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Other programme, please note								

Education major (i.e. Biotechnology, Construction, Electrical Engineering, Mathematics, Nanotechnology, Physics...)

Note major

Employment data

Date of employment	Name of employer								
Address									
Postal code and city	Country, if not DK								
Main phone no.	E-mail at work								
<input type="checkbox"/>	Employed in private sector	<input type="checkbox"/>	State employee	<input type="checkbox"/>	Municipal employee	<input type="checkbox"/>	Owner/co-owner (>5%)	<input type="checkbox"/>	Retired
<input type="checkbox"/>	Expatriated subject to Danish legislation			Employed in foreign company; not under Danish jurisdiction					

Other status

<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Job offer	<input type="checkbox"/>	Early pension	<input type="checkbox"/>	Military conscript	<input type="checkbox"/>	
<input type="checkbox"/>	On leave	Type of leave							
For the above, please note			From date and year			To date and year			

Payment of membership fee

<input type="checkbox"/>	Annual (save 3%)	<input type="checkbox"/>	Quarterly
<input type="checkbox"/> Yes, I hereby authorise IDA to automatically charge my membership fee on the below mentioned bank account via betalingservice (BS)			
Reg. no.		Account no.	

Further information

Further information I consent to allowing IAK (the Danish engineers' unemployment insurance fund) to contact me for the purpose of marketing IAK's services	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Processing of personal data

IDA is legally required, under the Data Protection Act, to inform you of the registration and utilisation of the data you provide IDA with. The data, which is treated as confidential, will be registered in IDA's member system. IDA is entitled to obtain address details from "Centrale Personregister" (The Central Register of Personal Data). The information is registered in order to enable IDA to provide you with the best possible advice and to be able to look after your interests. IDA does not pass on your personal data to any third party unless such divulgence is sanctioned by law; passing on such data would be in order to ensure providing you with the best services, including the administration of collective agreements, pension schemes, insurance coverage or discounts. In such instances, information is passed on to IDA's cooperating partners e.g. public authorities, insurance companies, bank direct debit services, professional organizations, collective agreement partners and "Ingeniøren" (the magazine). By signing this form, you are giving your consent to this registration and handling of personal data. You can, at any time, view and update the registered information by contacting us. For more information on IDA's policy on personal data click ida.dk

I would like to become a member of IDA. I have read the Society's bylaws and regulations: IDA's Lov og vedtægter, which I, as a member, am obligated to abide by in its current form as well as for amendments that could be entered at a later point. I am aware that amendments to IDA's bylaws and regulations are published in the member's magazine and by such publication are considered proclaimed to members. I declare that the information I have provided is accurate.

Place	Date
Signature	