**HISTADRUT**
The General Federation of Labour in Israel

# Request to join
## The New Histadrut and Hevrat HaOvdim

Family Name: _____ First Name: _____ I.D. |_|_|_|_|_|_|_|_|_|

Gender: M / F Previous Family Name: _____ Date of Birth: |_|_|_|_|_|_|_|_|

Street: _____ Number: _____ City: _____

Postal Code: _____ Email: _____@_____

Home Telephone: _____ Mobile Phone: _____

Place of Employment: _____ Profession: _____

I wish to join as an: ☐ Employee/Self-Employed ☐ Pensioner ☐ Student ☐ Unemployed ☐ Kibbutz/Moshav ☐ Domestic Worker

I hereby announce the cancellation of my membership in:

☐ The National Labor Federation ☐ Koah LaOvdim ☐ Other: _____

I, the undersigned, request to be accepted as a member of the Histadrut and Hevrat HaOvdim. I am more than 18 years old. I confirm the veracity of the personal details.

I commit to fulfilling the directions of the constitution of the Histadrut and Hevrat HaOvdim and their regulations, and to follow all decisions and orders of their authorized institutions, as are taken from time to time. I know that I have no legal obligation to give the details noted above and I give them by my own will and agreement.

In addition, I know that the Histadrut or persons authorized by it, are permitted to receive updates from the Ministry of the Interior's databases concerning the details contained in this application, to the registered database number 843161.

I agree to these details being given to the Histadrut and Hevrat HaOvdim and/or to their representatives. In addition, they will be used for direct mailings and direct mailing services according to the needs of the Histadrut and Hevrat HaOvdim, for fulfilling the purposes of the Histadrut and Hevrat HaOvdim, as appear in their constitution and for supplying the basket of services to their members.

Date: _____ Signature: _____

For internal use – The district _____ Name of the Labor Union _____ The Recruiter _____ Recruiter's personal code _____

To: The New Histadrut, The Administration for Adding Members, Registration and Collection

I, the undersigned, give a permanent standing permission to charge my account via a credit card whose details are listed here below, for payment of membership dues to the New Histadrut. Every charge that will be made via this permission will be seen to have been done with my complete knowledge. My permission may be cancelled by me, by written notification from me to you. You will charge my account as above, as long as there is no legal or other restriction to do so.

Family Name: _____ First Name: _____ I.D. |_|_|_|_|_|_|_|_|_| Tel: _____

Street: _____ No. _____ City: _____ Postal Code: _____

Credit Card Type: _____ Card No.: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Validity: |_|_|_|_|

Date: _____ Signature: _____

**The members Registration and Collection Administration**
93 Arlozorov st. Tel Aviv 6209801 | Tel 03-6921384 | Fax 03-6921340 | Web www.histadrut.org.il