

MEMBERSHIP FORM GB

Surname

Forename

NI No.

Date of Birth

House No./Name

Street

City/Town

Postcode

Home Tel.

Mobile

Email

Please tick if you wish to receive the union's magazine

- Mr Mrs
 Ms Miss
 Dr Rev
 Male Female

About Your Job

Employer/Company Name

Job Title

Work Address

Postcode

Work Tel.

- Which membership do you require?
- Core full time (21 or more hours per week) Core and Ancillary full time (21 or more hours per week)
 Core part time (10 or more but less than 21 hours per week) Core and Ancillary part time (10 or more but less than 21 hours per week)
 On certified apprenticeship scheme Other (eg Unemployed member of the community, working less than 10 hours per week, under 18, full time student, retired, permanently disabled)
 Driver Care (a separate Driver Care application form will be sent to you for completion)

Equal Opportunities

Unite the union is committed to the promotion of equal opportunities for all and it is the union's aim to provide services and support to members that is free of discrimination on the basis of race, gender, religion, sexual orientation or disability. What ethnic group do you belong to?

- Please tick
- Mixed White & Black Caribbean Asian or Asian British Pakistani Black or Black British African
 White British Mixed White & Black African Asian or Asian British Bangladeshi Black or Black British Other
 White Irish Mixed Other Asian or Asian British Other Chinese
 White Other Asian or Asian British Indian Black or Black British Caribbean Mixed White & Asian
 Other/please specify
 Please tick if you regard yourself as disabled

For Office use only

Branch No.

Job Code

Workplace Code

Employer Code

Recruitment Code

Membership No.

Direct Debit Details – Instructions to your Bank or Building Society to pay by Direct Debit



Originators ID Number

9 7 1 4 6 7

Name of bank/building society

Town of the Bank

Sort Code

On the selected day of the month:

Account Number

7th 14th 21st 28th

Name(s) of Account Holder(s)

Instruction to your Bank or Building Society

Please pay Unite the union Direct Debit monthly from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Unite the union and, if so, details will be passed electronically to my Bank Building Society.

Authorisation of deduction of your trade union contribution from your pay (check-off)

Note: Not all employers operate check-off. I hereby authorise the deduction of Unite the union subscriptions from my pay of such amounts as shall be notified to my employer on my behalf from time to time by Unite the union. I also authorise my employer to inform Unite the union of any changes of address.

Paid weekly or monthly? Weekly Monthly Payroll No.

Please read the Data Protection notice.

You have the right at any time to stop us using your details for third party marketing purposes. If you do not wish us to communicate with you or share your contact data for these purposes, please tick this box. Please note that this will preclude you from receiving our special offers or promotions.

I agree to abide by the union's rules. I authorise the payment above.

Are you or have you been a member of a trade union? (including Unite the union) Yes No

If yes, please give the name of the union and date of last payment

Signature

Date