

MEMBERSHIP FORM GB

Mr Mrs
 Ms Miss
 Dr Rev
 Male Female

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

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 Please tick if you are Lesbian Gay Bisexual Trans

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:
 7th 14th 21st 28th
 Account Number _____
 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 _____ / _____ / _____