

Return the application form to Unite Health Sector, Unite the Union, 128 Theobald's Road, FREEPOST, London WC1 8BR

Membership Form - GB About You

Surname Mr Mrs
 Ms Miss
 Forename Dr Rev
 Male Female
 NI No. / /
 Date of Birth / /
 House No./Name
 Street
 City/Town
 Postcode
 Home Tel. Mobile
 Email

About Your Job

Employer/Company Name
 Department
 Job Title
 Work Address
 Postcode Work Tel.
 Tick 1 21 or more hours per week (full time rate)
 Less than 21 hours per week (part time rate)
 I am an apprentice or on full time training scheme
 Student in full time education
 Self employed

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?

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

Do you regard yourself as disabled? For office use only (Member 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.

Signature(s) Date / /
 Recruitment Code Branch Code Workplace Code Job Code