

CC89 MEMBERSHIP APPLICATION FORM

Please complete parts 1 and 2 – do not separate them

PERSONAL DETAILS

Surname Male Female

Forenames Mr/Miss Mrs/Ms

Date of Birth / /

Nat Ins. No. / / / /

Address

Town Postcode

Tel (inc STD) Home Fax Mobile

E-Mail

Airline & Base

Date of Joining Airline Month Year

Staff No. Rank

Fleet (BA only)

P/T cabin crew Temp cabin crew

I AGREE TO ABIDE BY THE UNION'S RULES

Signature _____ Date _____

If you do not wish to receive mail from organisations associated with CC89/Amicus-AEEU please tick this box

We ask for ethnic origins as part of our commitment to equal opportunities

Bangladeshi Black African Black Caribbean Black Other Chinese

Indian Pakistani White Other

I would like to be included on the Union's disabilities register

FOR OFFICE USE ONLY

Branch Recruiter

Workplace No Member Rate

CC89 MEMBERSHIP DIRECT DEBIT FORM

Please fill in the whole form including official use box using a ball point pen and send it to:

CC89,
28 Pegasus Court
Herschel Street
Slough
SL1 1PA

Name(s) of Account Holder(s)

Bank/Building Society
account number

Branch Sort Code

Name and full postal address of your
Bank or Building Society

To the Manager

Bank/Building Society

Address

Post Code

Reference Number

Banks and Building Societies may not accept Direct Debit instructions for some types of account

This Guarantee should be detached
and retained by the Payer.

The Direct Debit Guarantee

This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.

- ◆ If the amounts to be paid or the payment dates change, Cabin Crew 89 will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- ◆ If an error is made by Cabin Crew 89 or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- ◆ You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.



Instruction to your Bank
or Building Society to
pay by Direct Debit

Originator's Identification Number

This is not part of the instruction to your
Bank or Building Society

Member's Address

Post Code

Member's name, if different to account holder

Instruction to your Bank or Building Society

Please pay Cabin Crew 89 Direct Debits 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 Cabin Crew 89 and, if so, details will be passed electronically to my Bank or Building Society.

Signature(s) _____

Date _____

