



UNITE MEMBERSHIP APPLICATION FORM

Join Ireland's Fighting Back Union

IT MAKES SENSE to have someone on your side. We want to help you get stronger at work. Only a union with the massive financial, legal and industrial back-up of Unite can provide the representation and influence in the workplace that you need.

JOIN TODAY
simply complete this form or visit
www.unitetheunion.org/ireland

UNITE THE UNION
BACKING YOU
ALL THE WAY



Postage will be paid by Licensee

Licence Number F3952

Unite the Union
55-56 Middle Abbey Street
Dublin 1

No Postage Stamp necessary
if posted in Republic of Ireland



MEMBERSHIP FORM RoI

Mr Mrs
 Ms Miss
 Dr Rev
 Male Female

Surname _____
Forename _____
PPS No. _____ Date of Birth ____/____/____
House No./Name _____
Street _____
City/Town _____
Eircode _____
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 _____
Eircode _____ Work Tel. _____

Which membership do you require?

| | |
|---|---|
| <input type="checkbox"/> Enhanced full time (more than 21 hours per week) | <input type="checkbox"/> Basic full time (more than 21 hours per week) |
| <input type="checkbox"/> Enhanced part time (up to 21 hours per week) | <input type="checkbox"/> Basic part time (up to 21 hours per week) |
| <input type="checkbox"/> Enhanced low pay | <input type="checkbox"/> Basic low pay |
| <input type="checkbox"/> On certified apprenticeship scheme | <input type="checkbox"/> Other (eg Unemployed member of the community, under 18, full time student, retired members or permanently disabled members who are not in paid employment) |
| <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 | |

A portion of your contribution will be remitted to the Union's Political Fund. Information relating to the Political Fund can be found in Rule 23 of the Unite Rule Book.

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 Black Caribbean Bangladeshi
 White Irish Black Other Chinese
 White Other Pakistani Mixed Other
 Black/African Indian Other ethnic/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. _____

SEPA DD MANDATE – Instructions to your Bank or Building Society to pay by Direct Debit

Creditor Identifier I E 7 6 S D D 3 0 1 6 9 2

By signing this mandate form, you authorise (A) Unite the Union to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Unite the Union. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Bank Account Name _____
Account No IBAN _____
Bank Identifier BIC _____
Type of Payment Recurrent Payment Day of month for payment (please tick)
Creditors Name UNITE THE UNION 7th 14th 21st 28th
Creditor Identifier IE76SDD301692
Creditor Address 26-34 ANTRIM ROAD, BELFAST, BT15 2AA, NORTHERN IRELAND

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.

Unite Legal and Affiliated Benefits

As a member of Unite you have access to a range of specially negotiated benefits and services.

Please tick the box below if you would like more information on: Unite Legal Services
 Unite Life Insurance Unite Home Insurance Unite Motor Insurance Unite Personal Financial Review

Insurance Renewals

In which month are your key insurance policies due for renewal so that we can send you details of special Unite deals:

Home _____ Motor _____

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

Signature 1 _____ Signature 2 _____ Date ____/____/____
(second signature required if using a joint account)