

MEMBERSHIP FORM Rol

Please use capitals

Forename Title
 Surname Gender
 House No./Name
 Street
 City/Town
 Eircode Date of Birth / /
 Home Tel Mobile
 Email

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	

Date apprenticeship started Date apprenticeship due to end

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. I authorise my employer and Unite to share personal data necessary to operate check off and for my employer to inform Unite of any changes of address.

Are you paid? Weekly 2-weekly 4-weekly Monthly Payroll No.

I agree to abide by the union's rules. (Rule Book is available online)

PPS No. Signature Date **For Office use only**

Mem. No. <input type="text"/>	Employer Code <input type="text"/>	Workplace Code <input type="text"/>	Branch No. <input type="text"/>	Job Code <input type="text"/>	Recruitment Code <input type="text"/>
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Equal Opportunities *The provision of this information is to ensure equality for all and is not a requirement*

Unite campaigns for equality for all and to ensure that women, black Asian ethnic minorities, disabled members, lesbian gay bisexual trans - LGBT+ and migrant workers are fully represented within the union. To find out more go to www.unite.theunion.org/equalities. Confidentiality is protected. Please complete:

Please tick your ethnic origin: Black/Asian White Please tick if you are LGBT+
 Please tick if you are a disabled person: Please tick if you consider yourself to be a migrant worker

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

Unite Magazine

Keep up-to-date with the latest news from Unite and details of member benefits and promotions. If you would like to receive Unite's magazine, please tick

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

When you join Unite, you are also authorising the Union to deduct an additional amount for your subscription to your local branch fund. 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)



Unite Legal and Affiliated Benefits and Services

As a member of Unite you have access to a range of specially negotiated benefits. Please tick the box below if you would like more information now on:

- Unite Legal Services Unite Home Insurance
- Unite Travel Insurance Unite Motor Insurance
- Unite Personal Financial Review

If you wish in the future to opt-out of receiving information about any individual member benefit or service, then you should visit the MyUnite website <https://www.unitetheunion.org/login/> or contact your Regional Office.

Insurance Renewals

If you would like details of special Unite insurance deals, please tell us in which month your key insurance policies are due for renewal:

Home _____ Motor _____

and confirm your consent to us passing your relevant details to our appointed third party insurance provider so that they can contact you, by ticking this box:

Contacting you

We will contact you regarding items specific to being a member of Unite the union.

You can change how we communicate with you at any time using the MyUnite website: <https://www.unitetheunion.org/login/> or contact your regional office.

Privacy Notice

For details as to how Unite will process your data please see Unite the union's up to date privacy notice at <http://www.unitetheunion.org/privacypolicy> or contact your regional office for a copy.



Postage will be paid by Licensee



No Postage Stamp necessary if posted in Republic of Ireland



UNITE MEMBERSHIP APPLICATION FORM
MAY 2018



Join Ireland's Fighting Back Union

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

UNITE THE UNION
BACKING YOU ALL THE WAY