

# YES! I would like to join Unite

Please complete all sections (preferably in **black ink**). Please print clearly in **CAPITALS**. Mark check boxes with a **X**



## 1 Tell us about yourself

Title  First names

Last name   Male  Female

House number and/or house name

Rest of home address including street and town or city  Postcode

Email address

Date of birth  Contact telephone number

The answers to these questions will help us improve the service to our members.

### Which of the following best describes your ethnic origin?

- |  |  |
|--|--|
| <input type="checkbox"/> White/British             | <input type="checkbox"/> Bangladeshi     |
| <input type="checkbox"/> White/Irish               | <input type="checkbox"/> Indian          |
| <input type="checkbox"/> Black/British             | <input type="checkbox"/> Pakistani       |
| <input type="checkbox"/> Black/Irish               | <input type="checkbox"/> Chinese         |
| <input type="checkbox"/> Black/African             | <input type="checkbox"/> Black/Caribbean |
| <input type="checkbox"/> Black/other specify below |  |
| <input type="checkbox"/> White/other specify below |  |

Do you have a disability?  No  Yes

### Office use only

Region  Source code  Branch fund code

Branch number

Recruited by

## 2 Which membership do you require?

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Core                                  | <input type="checkbox"/> Core & Ancillary                        | <input type="checkbox"/> Full-time Education | <input type="checkbox"/> Youth/Occupational Training |
| <input type="checkbox"/> Full-time (21 or more hours per week) | <input type="checkbox"/> Part-time (less than 21 hours per week) | <input type="checkbox"/> Driver Care         | (please complete additional form)                    |

## 3 Tell us about your employer

Employer's name  Your job title

Address where you work  Postcode where you work

Clock/Pay number  National insurance number

### Office use only

Employer code  Trade group

Payroll code  Bargaining group

Workplace code   FAIR SHARE

## 4 How do you wish to pay?

- |   |
|---|
| <input type="checkbox"/> From wages <b>▶▶</b> I authorise my employer to deduct contributions |
| <input type="checkbox"/> Direct Debit <b>▶▶</b> you must also complete section 5 below        |

### How often?

- |   |
|---|
| <input type="checkbox"/> Monthly                    |
| <input type="checkbox"/> Weekly not Direct Debit    |
| <input type="checkbox"/> Annually Direct Debit only |

### Office use only

My payments including Branch Fund will be:  Amount paid at time of joining

£  £

## 5 Direct Debit details (only complete if paying by direct debit)

Instruction to Bank/Building Society to pay by Direct Debit



Account holder name  Sort code  Account number

To: the manager Bank/Building Society  Originator Number

Bank/Building Society address

### Reference number

Please see the reverse for the Direct Debit Guarantee

## 6 Previous or other union membership

Have you ever been a member of this or any other union?

- |                             |  |
|-----------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes ▶ Which Unite branch or other Union? <input type="text"/> |
|-----------------------------|--|

Are you in arrears?

- |                             |                              |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|

I also give authority for the amount of that deduction to be varied by the substitution of such other amounts as shall be notified to the company on my behalf from time to time by Unite. Under the terms of this arrangement my employer will pay the Union on my behalf, the amount of the said deductions from my wages/salary, which Unite will credit to me as my subscriptions. I also give authority to the company to release to Unite for their record purposes details of my private address and any change in my address that occurs during my employment, and my National Insurance number.

### Your signature

I agree, in the event of being admitted as a member of Unite that I am prepared to conform to its rules and regulations, and such alterations as may be made from time to time in accordance with the constitution of the Union. I agree to the processing of data for the purposes of furthering the objectives of the Union.

Signature

Date

Please see the reverse for the Data Protection Statement