

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?

- From wages **▶▶** I authorise my employer to deduct contributions
- Direct Debit **▶▶** you must also complete section 5 below

How often?

- Monthly
- Weekly not Direct Debit
- 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?

- No Yes **▶** Which Unite branch or other Union?

Are you in arrears?

- No 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

Please hand your completed form to your Unite representative or post to your region.