

MEMBERSHIP FORM GB

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

About Your Job

Employer/Company Name _____
 Job Title _____
 Work Address _____
 Postcode _____ Work Tel _____

Which membership do you require?
 Enhanced full time (more than 21 hours per week)
 Enhanced part time (up to 21 hours per week)
 Enhanced low pay
 On certified apprenticeship scheme
 Year 1 Year 2 Year 3 Year 4
 Driver Care (a separate Driver Care application form will be sent to you for completion)

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. _____
 I agree to abide by the union's rules. (Rule Book is available online)
 NI No. _____ Signature _____ Date _____

For Office use only

Mem. No. _____ Workplace Code _____
 Branch No. _____ Job Code _____ Recruitment Code _____

Political Campaigning

Unite fights for our members' interests through political and industrial campaigning on issues affecting you – from pay, pensions, and broader workplace rights to housing, equality issues and our NHS.
If you would like to be part of this, tick here to opt in to our political fund for just 10p per week.

Those who choose not to opt-in will not be disadvantaged in any way compared with members who do opt-in, except in relation to control of the political fund.

I support Unite in campaigning on our policies and members' priorities in the Labour Party (tick if you agree) (tick here)

Equal Opportunities

For further details on how Unite campaigns for Equalities please go to: <http://www.uniteunion.org/unite-at-work/equalities/>

Please tick your ethnicity
 Black British Asian British Other/please specify
 White British Black Caribbean Asian/Mixed Heritage
 White Irish Black African Asian Other
 White European Black Latin American Lesbian Gay Bisexual
 White Latin American Black Mixed Heritage Trans Heterosexual
 White Mixed Heritage Black Other
 Do you regard yourself as disabled? Are you a migrant worker?

Direct Debit Details – Instructions to your Bank or Building Society to pay by Direct Debit



Service User Number **9 7 1 4 6 7**

Name of bank/building society _____

Town of the Bank _____

Sort Code _____

Account Number _____

Name(s) of Account Holder(s) _____

Instruction to your Bank or Building Society

Please pay Unite the union Direct Debit monthly 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 Unite the union and, if so, details will be passed electronically to my Bank Building Society.

I authorise the payment above. I agree to abide by the union's rules. (Rule Book is available online)
 When you join Unite, you are also authorising the Union to deduct an additional amount for your subscription to your local branch fund.

Signature _____

Date _____

On the selected day of the month:

7th 14th 21st 28th

