**UNITE MEMBERSHIP APPLICATION FORM**

IT’S VERY EASY TO BCOME A MEMBER

JOIN TODAY - SIMPLY COMPLETE THIS FORM

(Tick **Basic Full-Time o**r **Basic Part-Time** – both include a local branch levy.

 Also complete the section **Authorisation of deduction from your**

**salary by check off)**

FOR MORE INFORMATION CONTACT

CHAIR: Catherine Fitzgerald – catherine.fitzgerald@ul.ie

TREASURER: D.J. Collins – d.j.collins@ul.ie

**NOTES:** 1) For support with an issue new members must ensure that they have received a UNITE membership number, have paid one month’s subscription, and **NOT** have raised the matter independently.

2) 6 months membership must be in place PRIOR to an issue being referred for legal advice.



**RETURN TO:**

UNITE THE UNION

UL BRANCH OFFICE - **AM040a**

UNIVERSITY OF LIMERICK

**MEMBERSHIP FORM RoI (University of Limerick)**

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PPS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

House No./Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mobile \_\_\_ home\_\_\_

UL Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick if you wish to receive the union’s magazine \_\_\_\_\_\_\_\_

**About Your Job**

Employer: ***The University of Limerick, Plassey Campus, Castletroy, Limerick***

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Career Grade/Salary Spine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Location: \_\_\_\_\_\_\_\_\_\_

Which membership do Basic full time (work more than 21 hours per week) \_\_\_\_

you require? Basic part time (work 10 – 21 hours per week) \_\_\_\_\_

**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

White Irish \_\_\_ White Other \_\_\_ Black/African \_\_\_Black Caribbean \_\_\_

Black Other \_\_\_ Pakistani \_\_\_ Indian \_\_\_ Bangladeshi \_\_\_\_Chinese \_\_\_

Mixed Other \_\_\_ Other/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 \_\_\_\_\_\_\_\_\_\_

Authorisation of deduction of your trade union contribution from your pay (check-off)

**Note: This is the preferred option of the UL-UNITE Branch**. 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.

Payroll Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Creditor Identifier: IE76SDD301692

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 Identified BIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Payment: **Recurrent Payment**

Date of month for payment (please tick): 7th \_\_\_ 14th \_\_\_21st \_\_\_ 28th \_\_\_

Creditors Name: UNITE THE UNION

Creditor Identifier: IE76SDD301692

Creditor Address: 26-34 ANTRIM ROAD, BELFAST, BT15 2AA, NORTHERN IRELAND

***Please read the Data Protection Notice***. You have the right at any time to stop us using your details for third party marketing purposed. If you do not wish us to communicate with you or share your contact data for these purposes, please tick here \_\_\_\_\_ Please note that this will preclude you from receiving our special offers or promotions.

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

Signature 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(second signature required if using a joint account)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

Employer Code \_\_\_\_\_\_\_\_\_\_\_\_\_Recruitment Code\_\_\_\_\_\_\_\_ Membership No\_\_\_\_\_\_\_\_\_\_\_