

Please return completed form to: Freepost Plus RSCC-JGAL-GRJA, Unite the Union, 128 Theobalds Road, London, WC1X 8TN

## MEMBERSHIP FORM GB

Please use capitals

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  
 Apprenticeship  
 Year 1  Year 2  Year 3  Year 4  
Date apprenticeship started \_\_\_\_\_  
Date apprenticeship due to end \_\_\_\_\_

Basic full time (more than 21 hours per week)  
 Basic part time (up to 21 hours per week)  
 Basic low pay  
 Other (eg Unemployed member of the community, under 18, full time student, retired members or permanently disabled members who are not in paid employment)  
 Driver Care (a separate Driver Care application form will be sent to you.)

### 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)

NI No. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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, opt-in to our political fund for just 10p per week. (tick here)

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 campaigning on members' priorities in the Labour Party and would like to be a Labour Party Affiliate Supporter\* (free for political fund payers). I authorise Unite to share my personal data with the Labour Party for this purpose. \* I agree to the terms listed at <https://support.labour.org.uk> (tick here)

### 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.unitetheunion.org/equalities](http://www.unitetheunion.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

**Privacy Notice:** For details as to how Unite will process your data please see Unite's up to date privacy notice at [www.unitetheunion.org/privacypolicy](http://www.unitetheunion.org/privacypolicy) or contact your regional office for a copy.

**Contacting you:** We will contact you regarding items specific to being a Unite member. You can change how we communicate with you on the MyUnite website: [www.unitetheunion.org/login/](http://www.unitetheunion.org/login/) or by contacting your regional office.

### 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 \_\_\_\_\_ On the selected day of the month:

Account Number \_\_\_\_\_  7th  14th  21st  28th

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, (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 \_\_\_\_\_

### For Office use only

Mem. No. \_\_\_\_\_ Employer Code \_\_\_\_\_ Workplace Code \_\_\_\_\_ Branch No. \_\_\_\_\_ Job Code \_\_\_\_\_ Recruitment Code \_\_\_\_\_