



Unite the Union
55-56 Middle Abbey Street
Dublin 1

Licence Number F3952

Postage will be
paid by Licensee

No Postage Stamp necessary
if posted in Republic of Ireland

UNITE MEMBERSHIP APPLICATION FORM

Join Ireland's Fighting Back Union



IT MAKES SENSE to have someone on your side.
We want to help you get stronger at work. Only a union
with the massive financial, legal and industrial back-up
of Unite can provide the representation and influence
in the workplace that you need.

JOIN TODAY
simply complete this form or visit
www.unitetheunion.org/ireland

UNITE THE UNION
BACKING YOU
ALL THE WAY

MEMBERSHIP FORM RoI

Surname

Forename

PPS No.

House No./Name

Street

City/Town

Eircode

Home Tel.

Email

☐ Mr

☐ Ms

☐ Dr

☐ Male

☐ Mrs

☐ Miss

☐ Rev

☐ Female

Date of Birth

Please tick if you wish to receive the union's magazine

About Your Job

Employer/Company Name

Job Title

Work Address

Eircode

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

☐ 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)

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.

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 ethnic/please specify

Please tick if you regard yourself as disabled

Please tick if you are ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Trans

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

Creditor Identifier

I E 7 6 S D D 3 0 1 6 9 2

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 Identifier BIC

Type of Payment

Recurrent Payment ☒

Day of month for payment (please tick)

Creditors Name

UNITE THE UNION

7th ☐ 14th ☐ 21st ☐ 28th ☐

Creditor Identifier

IE76SDD301692

Creditor Address

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

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.

Please read the Data Protection Notice.

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

Unite Legal and Affiliated Benefits

As a member of Unite you have access to a range of specially negotiated benefits and services. Please tick the box below if you would like more information on:

☐ Unite Legal Services

☐ Unite Life Insurance

☐ Unite Home Insurance

☐ Unite Motor Insurance

☐ Unite Personal Financial Review

Insurance Renewals

In which month are your key insurance policies due for renewal so that we can send you details of special Unite deals:

Home

Motor

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

For Office use only

Branch No.

Job Code

Workplace Code

Employer Code

Recruitment Code

Membership No.