

Application Form (please complete in BLOCK CAPITALS)

A bit about you:

First name: _____ Last name: _____
Tick here if you've been a union member before: Male/Female: _____ Date of birth: ____ / ____ / ____
Address: _____
Town/City: _____ Postcode: _____
Tel no: _____ Email: _____
How did you hear about us?: _____

A bit about your job:

Employers name: _____ Address (workplace, not head office): _____
Town/City: _____ Postcode: _____
Department (if applicable): _____ Job title: _____

Membership options: (please tick one only)

<input checked="" type="checkbox"/>	Salary Band (£)	Monthly Subs (£)
	0 – 5,000	3.41
	5,001 – 9,000	5.97
	9,001 – 13,000	6.97
	13,001 – 17,000	7.94
	17,001 – 21,000	8.94
	21,001 – 25,000	9.93
	25,001 – 29,000	10.93
	29,001 – 35,000	11.91
	35,001 – 40,000	13.19
	40,001 +	14.29

Declaration:

Please sign me up to membership. I understand that once accepted as a member I may be subject to the union rules and I confirm the home address above may be used for union ballots.

Applicant's signature: _____

For union use only:

Date of entry: ____/____/____
Membership No: _____
Branch: _____
Cmpgn: _____
Grade: _____

Data Protection Notice. The information you give when completing this form will be used in accordance with the Data Protection Act 1998 and for the following purposes: to process and create an electronic and paper record of your application; to meet statutory reporting and balloting requirements; to develop or contact you about union benefits, services and campaigns; to monitor equal opportunities. Where appropriate, the data may be available to Community staff, our elected Community representatives and relevant service providers. We do not share your personal data with third parties for marketing purposes. The information will be kept securely, and will be kept no longer than necessary. You can opt out of communications at any time by writing to our Service Centre, calling 0800 389 6332, emailing membership@community-tu.org or visiting members.community-tu.org

If you would prefer to receive information in a different format, please let us know here (please tick): Braille Large print Other: _____

Instruction to your bank or building society to pay by Direct Debit



Please fill in the whole form and send it to:

UFS, The Old Station House, Cotswold Road, Cheltenham, Gloucestershire GL52 5HD

Name(s) of account holder(s): _____
Bank/building society name: _____
Address: _____
Postcode: _____
Account no:
Sort code: - -

Account holder's address (if different from member's):
This is not part of the instructions to your bank or building society.
Postcode: _____

Service user number:
Reference (office use only): _____

Instruction to your bank or building society
Please pay Community Direct Debits 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 Community and, if so, details will be passed electronically to my bank/building society.

Signature(s): _____
Date: ____ / ____ / ____
Banks and building societies may not accept Direct Debit instructions for some types of account.

This Guarantee should be detached and retained by the Payer

Direct Debit Guarantee

- The Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Community will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Community to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Community or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Community asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

