

Application Form

A bit about you:

First name:	Last name:		
National Insurance No:	Male/Female:	Date of birth: / /	
Address:			
Town/City:	Postcode:		
Tel no:	Email:		

If you have previously been a member of Community or of another union, please tell us here:

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)

Gross earnings:	Monthly fee:
<input type="checkbox"/> £0 - £14,000	£4.94
<input type="checkbox"/> £14,001 - £20,000	£12.39
<input type="checkbox"/> £20,001 - £30,000	£14.43
<input type="checkbox"/> £30,001 - £44,000	£19.59
<input type="checkbox"/> £44,001 +	£24.70
<input type="checkbox"/> Currently unemployed	£4.94
<input type="checkbox"/> Retired	£4.94

Declaration:

Please sign me up to Community membership. I understand that once accepted as a member I may be subject to the rules and regulations of the union.

Applicant's signature:

For union use only:

Date of entry:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Membership No:	<input type="text"/>
Branch:	<input type="text"/>
BR.IND:	<input type="text"/>
Grade:	<input type="text"/>

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 enable Community to create an electronic and paper record of your application; to enable the application to be processed; to enable Community to compile statistics, or to assist other organisations to do so, provided that no statistical information that would identify you as an individual will be published. The information will be kept securely, and will be kept no longer than necessary.

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

Membership payment

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



Name(s) of account holder(s):	_____
Bank/building society name:	_____
Address:	_____
Postcode:	_____
Account no:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sort code:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

Please select the day of the month on which you would prefer your account to be debited: 25th 1st (please tick one)

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

Service user number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Reference (office use only):	<input type="text"/>

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.

Please post your application form to:

Freepost Plus RRYB-SSYK-AXEB, Community, Member Services Centre, Carpet Weavers Hall, Callows Lane, KIDDERMINSTER, DY10 2JG

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 the organisation will notify you (normally 10 working days) in advance of your account being debited or as otherwise agreed. If you request the organisation 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 the organisation 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 the organisation 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 the organisation.

