

# Membership Application Form

## Part 1: Personal Details

Please fill in Parts 1 and 2 of this Application Form in BLOCK CAPITALS and return to your Branch

Surname:		<i>(tick as applicable)</i> Mr Mrs Miss Ms	
Forenames:		Date of Birth:	
Home Address:		Postcode:	
Occupation:		Grade:	
Employer:			
Work Address:		Postcode:	

Please indicate which address should be used for delivery of NIPSA voting papers: Work Home

	Daytime	Home	Mobile
Telephone			
Email			

Do You Work *(tick applicable)* Full Time Part Time Job Share Term Time

Have you previously been a member of NIPSA *(tick applicable)* Yes No

If yes, reason for leaving *(tick applicable)* Resigned Left Service Career Break Changed Employer

Have you been a member of any other union? *(tick applicable)* Yes No *If yes, please answer the following questions.*

Name of Union:	Date of Resignation:
----------------	----------------------

I declare to the best of my knowledge the answers to the above questions are correct. If my application is accepted, I agree to abide by the rules of NIPSA and authorise the deduction from my salary of the appropriate subscription.

Signature:	Date:
------------	-------

### Data Protection Notice:

On 25th May 2018 the General Data Protection Regulation ("the GDPR") came into force. The GDPR requires us to look at the way we use the personal information of our members and the reasons for which we use it. It also requires us to keep the members whose personal information we hold informed of our purposes, our obligations and their rights. Our Privacy Notice can be accessed on our website using the following link [www.nipsa.org.uk/Privacy\\_Notice](http://www.nipsa.org.uk/Privacy_Notice)

## Part 2: Direct Deduction from salary

Enter Full name in  
BLOCK CAPITALS

authorise the deduction from my salary, until further notice the appropriate subscriptions to be paid to NIPSA. I also agree that if the subscription should be varied the deduction should be varied accordingly.

Signature:	Date:
National Insurance No.	Full Payroll No.
Employing Body:	
Work Address:	Postcode:



To comply with GDPR requirements, please place this application into an envelope and return it to Return to: Membership, NIPSA Headquarters, 54 Wellington Park, Belfast. BT9 6DP