

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:		Mr/Mrs/Miss/Ms (circle as applicable)
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 home or work: Work <input type="checkbox"/> Home <input type="checkbox"/>		

	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

Reason for leaving (tick applicable) Resigned Left Service Career Break Changed Employer Other:

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:
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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:
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Data Protection Notice:

On 25 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

Part 2 Direct Deduction from salary

(Full name in BLOCK CAPITALS)

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

	Postcode:
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