

Membership Application Form

Personal Details

Please fill in all parts of this Application Form in BLOCK CAPITALS, seal closed and return to NIPSA HQ, postage paid.

Surname:		(tick as applicable) Mr Mrs Miss Ms Mx Other					
Forenames:		Date of Birth:					
Home Address:							
Postcode:							
Job Title/Occupation:				Grade/Band:			
Employer:				Department:			
Work Address:							
Postcode:							

	Daytime	Home	Mobile
Tel			
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

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

Return via email to: membership@nipsa.org.uk

If returning via post to comply with GDPR requirements, please place this form into a sealed envelope and return to:
Membership, NIPSA Headquarters, 54 Wellington Park, Belfast. BT9 6DP.

Direct Deduction from Salary

Enter Full Name



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.

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