



# Bakers Food and Allied Workers Union

## Membership Application Form



Please complete this form, including the tear-off slip, and return all of it to your branch. Where you see an asterisk (\*) please put a circle round your choice.

1. Branch Name \_\_\_\_\_ 2. Branch number \_\_\_\_\_

3. Title: Mr/Mrs/Miss/Ms\* \_\_\_\_\_ 4. First Name \_\_\_\_\_ 5. Surname \_\_\_\_\_

6. Date of joining \_\_\_\_\_ 7. Date of Birth \_\_\_\_\_ 8. Gender: F/M\* \_\_\_\_\_

9. Full address \_\_\_\_\_  
 County \_\_\_\_\_ Postcode \_\_\_\_\_

10. Where employed: \_\_\_\_\_ 11. Clock/payroll no: \_\_\_\_\_

12. NI number: \_\_\_\_\_ 13. Email \_\_\_\_\_

14. Tel (H): \_\_\_\_\_ 15. Tel (Wk): \_\_\_\_\_ 16. Tel (mob): \_\_\_\_\_

17. Are you happy for us to contact you by:

18. Tel (H): Y/N\* \_\_\_\_\_ 19. Tel (Wk): Y/N\* \_\_\_\_\_ 20. Tel (mob): Y/N\* \_\_\_\_\_ 21. Email: Y/N\* \_\_\_\_\_

22. Do you have any disability? Y/N\* \_\_\_\_\_

23. Are you, or have you been, a member of any other trade union: Y/N\* \_\_\_\_\_

24. If yes, please state which one: \_\_\_\_\_

25. Please state your ethnicity, circling one of the following:  
 White: British/Irish/Other \_\_\_\_\_ Asian: Indian/Pakistan/Bangladesh/Other \_\_\_\_\_  
 Black: African/Caribbean/Other \_\_\_\_\_ Mixed: Other (please state) \_\_\_\_\_

*By completing this information you will help us to ensure that equal opportunities are available to everyone. All information will remain strictly confidential*

26. What is your 1st language (please specify)? \_\_\_\_\_

27. In applying to join the Bakers Food and Allied Workers Union, I agree to be subject in every respect to the rules of the Society, and the majority of its members; and if at any time it should be proved that I have made any false declaration to gain admission, I hereby agree to be excluded and forfeit all monies paid by me on my account.

We may disclose your details to third parties who we believe may be able to provide a service and or benefit to you; by signing the membership form you agree to us sharing this information.

If you do not want us to share this information, please tick this box.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

### Form of Authority for Deduction of Fees

I,....., being a member of the Bakers, Food and Allied Workers Union, hereby authorise my employers for the time being, or their representatives, to deduct from my salary or wages, the amount of contribution payable to me under the terms of the Union's Rules as amended from time to time. I also authorise the deduction of any arrears which may accrue during my employment after this.

We may from time to time ask your employer for information to keep our records up to date. Please tick this box if you do not wish us to do this.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Clock/payroll no: \_\_\_\_\_

Current rate of Union contribution (per week ) \_\_\_\_\_