



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) _____