

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

- 1 **Branch:** _____
- 2 **Title:** Mr/Mrs/Miss/Ms*
- 3 **First Name:** _____
- 4 **Surname:** _____
- 5 **DoB:** ____/____/_____
- 6 **Gender:** F/M*
- 7 **Address 1:** _____
Address 2: _____
Postcode: _____
- 8 **Where employed:** _____
- 9 **Clock/payroll no:** _____
- 10 **Weekly contracted hours?** _____
- 11 **NI number:** _____
- 12 **Email:** _____
- 13 **Tel (H):** _____
- 14 **Tel (m):** _____

- 15 **Do you have any disability?** Y/N*
- 16 **Please state your ethnicity, circling one of the following*:**
White: British/Irish/Other
Asian: Indian/Pakistan/Bangladesh/Other
Black: African/Caribbean/Other
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.

- 17 **What is your 1st language?**
(please specify)

- 18 In order to campaign effectively on issues such as decent public services, rights at work, and fair pay, the BFAWU operates a Political Fund. We would encourage all members to agree to contribute to this Fund and would ask that you tick here to consent to this:

Please note that not contributing to the Fund shall not exclude you from any benefits of the Union, or place you in any respect either directly or indirectly under any disability or disadvantage as compared with other members of the Union (except in relation to the control or management of the Political Fund) by reason of you being so exempt.

To help you get the most from your membership, we would like to send you the following types of communication by email. Please choose the subjects that you are interested in:

- News about the Union's activities and services* Y / N*
- Special offers from 3rd parties for our members* Y / N*
- Campaigns and lobbying activities* Y / N*

We will continue to send you messages about your membership, such as subscription reminders, voting opportunities and other essential communications by email and post.

The BFAWU is a registered data controller. The information that we collect is used to provide members with benefits and services. Your personal data will be held for this purpose. Membership records are held and processed in accordance with the relevant data laws. If you would like more information about how we process your personal data, please go to our privacy policy available on our website – www.bfawu.org

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.

Signed: _____ **Date:** ____/____/_____

please detach and present to your employer

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.

I confirm that in giving this permission, I am allowing my employers to supply BFAWU with sufficient information to enable the BFAWU identify my payment(s).

Signed: _____ **Date:** _____
Department _____ **Clock/payroll no:** _____
Current rate of Union contribution: £ _____ per week/month* (delete as appropriate)