Political Campaigning MEMBERSHIP FORM GB Unite fights for our members' interests through political and industrial campaigning on issues affecting you – Forename from pay, pensions, and broader workplace rights to housing, equality issues and our NHS. Surname If you would like to be part of this, tick here to opt in to our political fund for just 10p per week. Those who choose not to opt-in will not be disadvantaged in any way compared with members who do opt-in, House No./Name except in relation to control of the political fund. Street I support Unite in campaigning on our policies and members' priorities in the Labour Party (tick if you agree) City/Town I would like to be a Labour Party Affiliated Supporter, this is free!* (tick here) Postcode **Equal Opportunities** | | | Mobile | | | Home Tel For further details on how Unite campaigns for Equalities please go to: http://www.unitetheunion.org/unite-at-work/equalities/ Email Please tick your ethnicity ☐ Black British Asian British Other/please specify ☐ Black Caribbean ☐ AsianMixed Heritage ☐ White British **About Your Job** ☐ White Irish ☐ Black African ☐ Asian Other ☐ White European ☐ Black Latin American Please tick if you are Lesbian ☐ Gay ☐ Bisexual ☐ ☐ Black Mixed Heritage ☐ White Latin American Employer/Company Name ☐ Heterosexual ☐ White Mixed Heritage ☐ Black Other Do you regard yourself as disabled? Are you a migrant worker? Job Title Direct Debit Details - Instructions to your Bank or Building Society to pay by Direct Debit Work Address DIRECT Service User Number Debit Postcode Work Tel. Name of bank/building society Which ☐ Enhanced full time (more than 21 hours per week) Basic full time (more than 21 hours per week) Town of the Bank membership do you require? Enhanced part time (up to 21 hours per week) ☐ Basic part time (up to 21 hours per week) ☐ Enhanced low pay ☐ Basic low pay ☐ On certified apprenticeship scheme Other (eg Unemployed member of the community, under 18, full time student, Sort Code On the selected day of the month: retired members or permanently disabled members who are not in paid employment) Year 1 Year 2 Year 3 Year 4 Driver Care (a separate Driver Care application form will be sent to you for completion) Account Number Name(s) of Account Holder(s) Authorisation of deduction of your trade union contribution from your pay (check-off) Instruction to your Bank or Building Society **Note:** Not all employers operate check-off. I hereby authorise the deduction of Unite the union Please pay Unite the union Direct Debit monthly from the account detailed in this instruction subject to the subscriptions from my pay of such amounts as shall be notified to my employer on my behalf from time to time safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Unite the by Unite the union. I also authorise my employer to inform Unite the union of any changes of address. union and, if so, details will be passed electronically to my Bank Building Society. I authorise the payment above. I agree to abide by the union's rules. (Rule Book is available online) Paid weekly or monthly? □Weeklv ☐ Monthly Pavroll No. | When you join Unite, you are also authorising the Union to deduct an additional amount for your subscription to vour local branch fund. I agree to abide by the union's rules. (Rule Book is available online) NI No. Signature _ Date Signature _ For Office use only Recruitment Mem. Workplace **Employer** Code Branch No. Code

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