



Please complete and return to Usdaw.  
Just write **FREEPOST USDAW** on the envelope and put it in the post.

FOR OFFICE USE ONLY  
Branch No. \_\_\_\_\_

I apply to join Usdaw. As a member of Usdaw I undertake to abide by the Rules and regulations of the Union and to pay contributions regularly. The home address I give is the address that Usdaw will use for balloting purposes. Members joining from 1 July 2021 are automatically entered at Scale A. For details of current membership rates and cash benefits visit [www.usdaw.org.uk](http://www.usdaw.org.uk). **Responsibility of keeping payments up-to-date rests with the member.**

Use **BLOCK LETTERS** and complete this form as fully as possible.

Have you been a member of Usdaw before? Yes  No

Please tick the appropriate box  
 Ms  Miss  Mrs  Mr  Mx  Other  Female  Male

Surname \_\_\_\_\_  
 Forename \_\_\_\_\_

Email \_\_\_\_\_  
 Full Postal Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel. No. (Inc. STD) \_\_\_\_\_ Postcode \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth **D D M M Y Y** Age       Mobile No. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Company Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Workplace Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location No. \_\_\_\_\_ Employee No. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Opt-in Notice** I agree to contribute to the Union's political fund at the rate set out from time to time in the Rule Book, and I understand that this agreement constitutes an opt-in notice for the purposes of the Trade Union and Labour Relations (Consolidation) Act 1992 as amended and the Trade Union and Labour Relations (Northern Ireland) Order 1995. Every member may opt to contribute to a separate fund for the furtherance of the Union's political objects under the Trade Union and Labour Relations (Consolidation) Act 1992 (as amended) or, as appropriate, the Trade Union and Labour Relations (Northern Ireland) Order 1995 by ticking this opt-in notice. A member who chooses not to contribute shall not, by that reason, be excluded from any benefits of the Union or be placed in any respect either directly or indirectly under a disability or at a disadvantage as compared with other members of the Union (except in relation to the control of the fund).

**For Members Paying by Payroll**  
 I hereby authorise my employers for the time being, or their representatives, to deduct from my salary or wages the amount of contributions payable by me under the Union's Rules, as amended from time to time. I also authorise the deduction of any arrears which may accrue during my employment. I consent to the Union sharing my personal data with my employers, or their representatives in order to process my deduction contributions. I also authorise my employers, or their representatives, to share my information with Usdaw in order to process and maintain my Union membership and where appropriate that my employers, or their representatives, shall notify the Union of any future changes in my home address and email to enable the Union to maintain a register of the names and proper addresses of its members.

**Privacy Notice**  
 As a member of the Union, Usdaw will process your personal data as part of its legitimate activities in providing trade union services and benefits in accordance with the Union's Objects stated in the Rule Book and to perform its obligations to you under statute or contract. This involves processing of personal and sensitive personal data under the current data protection legislation. We will store your personal data only for the period necessary under law to enable us to fulfil our legal obligations. You have the right to request access to your personal data, and its rectification, erasure, restriction on processing and portability. You have the right to withdraw consent for sharing of your personal data and to complain to the Information Commissioner. Usdaw and its Data Protection Officer may be contacted at Usdaw, Voyager Building, 2 Furness Quay, Salford Quays, Manchester M50 3KZ.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Recruiter's Name \_\_\_\_\_ Recruiter's Membership No. \_\_\_\_\_



## Instruction to your Bank or Building Society to pay by Direct Debit.

Please complete and return with the completed membership form to Usdaw.  
Just write **FREEPOST USDAW** on the envelope and put it in the post.

**Name and full postal address of your Bank or Building Society**  
 To: The Manager  
 Bank/Building Society \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_

Name(s) of account holder(s)  
 \_\_\_\_\_

Bank/Building Society account number

Branch sort code

Service User Number

Reference Number

**For U S D A W Official Use Only** (This is not part of the instruction to your bank or building society)  
 Full name \_\_\_\_\_  
 Branch No. \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_

**Instruction to your Bank or Building Society.** Please pay the U S D A W Direct Debits from the account detailed in this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with U S D A W and if so, details will be passed electronically to my Bank/Building Society.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Banks and Building Societies may not accept Direct Debit instructions for some types of account.