## APPLICATION FORM Join UNISON altogether a better union



	OUR PE				S	3. WHAT YOU PAY – CURRENT RATES (SET OCTOBER 2003)
Please	tick or fil	ll in the l		low		Please tick the appropriate box for your earnings before deductions.
Mrs Ms Miss Mr Other					er	YOUR SUBSCRIPTION—WHAT YOU PAY WEEKLY PAY ANNUAL PAY PER WEEK PER MONTH BAND
						Up to £38.47 $\square$ Up to £2,000 £0.30 £1.30 A
First	namo				Other initial	£38.48-£96.16  £2,001-£5,000 £0.81 £3.50 B
FILZE	This hame Other midal					£96.17-£153.84  £5,001-£8,000 £1.22 £5.30 C
						£153.85-£211.53  £8,001-£11,000 £1.52 £6.60 D
Surname/Family name Date of birth					Date of birth	£211.54-£269.23  £11,001-£14,000 £1.81 £7.85 E
					1 1	£269.24—£326.92  £14,001—£17,000  £2.24  £9.70  F
						£326.93-£384.61  £17,001-£20,000 £2.65 £11.50 G
Home	e address	S				£384.62-£480.76  £20,001-£25,000 £3.23 £14.00 H
						£480.77-£576.92  £25,001-£30,000 £3.98 £17.25 1
						£576.93-£673.08  £30,001-£35,000 £4.68 £20.30 J
						£673.08+ \( \text{over £35,000} \) £5.19 £22.50 K
						Please tick this box if you are a student member in full-time education (including
						student nurses or Modern Apprentices). Your subscription is £10 per year.
Dark I						Please tick the appropriate box to indicate how often you are paid
Postcode					.e	Weekly ☐ Fortnightly ☐ Four Weekly ☐ Monthly ☐
						4. POLITICAL FUND
Natio	nal Insur	ance nu	ımber <i>(f</i>	from vo	ur bayslib)	UNISON's Affiliated Political Fund UNISON's General Political Fund
National Insurance number (from your payslip)					1	(APF) is used to campaign for and (GPF) is used to pay for campaigning
						promote UNISON policy and the need at branch, regional and national levels
$\overline{}$						for quality public services within the of the union and for research and
					require	Labour Party, locally and nationally, in lobbying in Parliament and Europe. It is independent of support for any
materials in a different format (eg large						affiliates to the Labour Party. political party.
print or Braille) – be sure to supply					supply	
contact details below.						It is important that you indicate a choice of fund by ticking one of the boxes below. Your subscription shown above includes a political fund
					ext/email	payment so you do not pay any more by being in one of the funds.
		ISON to	contact	you —	indicate if work	
or hon		. ,	, ,,			If you have been a member of a trade union before, please state which one:
Conta	act tel/vo	pice/text	:/email			
						The information and ideal by you shall be made used by UNISON for attributed
2. YOUR EMPLOYMENT DETAILS					AILS	The information provided by you shall be recorded by UNISON for statistical purposes and used for sending you UNISON publications, ballot forms and
					AILS	otherwise communicating with you. If you do <b>NOT</b> want any mailings from
Employer's name						UNISON, besides those required by statute, please tick this box
						To keep you fully informed of the services we arrange for members we want you to
Your job title/occupation						receive details of benefits offered by or in conjunction with UNISON's affinity partners.
Tour job dide/occupation						The affinity partners are organisations with close links to UNISON that share our
						ambition to provide you with the best possible range of benefits. Under the Data
Department/section						Protection legislation we can only disclose your details to our affinity partners with
						your explicit consent. Therefore if you WANT to receive details of the full range of
						benefits you MUST tick this box
Work	kplace na	me and	address	S		5. YOUR AUTHORISATION
			-			<ul> <li>I wish to join UNISON and accept its rules and constitution.</li> </ul>
						• I authorise deduction of UNISON subscriptions from my
						salary/wages at the rate determined by UNISON in accordance
						with its rules to be paid over to them on my behalf and
						I authorise my employer to provide information to UNISON to
						keep my records up to date
Postcode						I authorise deduction of the following Political Fund payment as
, Sicode						part of my subscription: <i>Tick one box only</i>
						☐ Affiliated Political Fund ☐ General Political Fund
Payro	ll numbe	r (from	your þa	ıyslip)		<del>_</del>
		**		,		Now please sign and date below.
PLEA	SE RETU	IRN YOU	JR COM	PLETE	D FORM TO:	
Ste	ephan	ie Sm	ith, E	pide	miology	Signature
	•		•	•	3,	Date
П	CL. G	ower	St. V	VC1I	F 6BT	