

Membership Form

Thanks for your interest in joining the CWU. To join us by using this form you will need to print it out and send it to us at the address below.

**Complete this form if you wish to pay through deductions from payroll or by cheque.
Please hand this form to your CWU representative or send it to: CWU Membership Dept., 150 The
Broadway, Wimbledon, London, SW19 1RX**

About you

Title:

First Name(s):

Surname/
Family name:

Date of birth:

Gender: Male Female

National Insurance:

Your address

House name/number:

Address 1:

Address 2:

Address 3:

Postcode:

Home telephone:

Mobile telephone:

Email address:

Tell us about your employer

Employer's name:

Your occupation:

Grade or job title:

Full or Part-Time:

Hours Per Week:

Payroll/Employee
Number:

Address where you work

Building name or number:

Work address 1:

Work address 2:

Work address 3:

Postcode:

Work Telephone No:

If you know your Pay Group details please enter them here

Pay Group Name:

Address 1:

Address 2:

Address 3:

Postcode:

Your signature

Your declaration

I agree to abide by the rules of the Union and I understand this will include collective bargaining. I agree that details including my employee status, job title/grade, workplace, home address, employee reference number, NI number etc. will be provided to the Union from time to time.

Signature:

Date:

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Equal Opportunities

As part of the union's equal opportunity policy, we ask these questions to help us improve the service to our members.

Which of the following best describes your ethnic origin?

- | | |
|--|--|
| <input type="checkbox"/> White/British | <input type="checkbox"/> Black/Caribbean |
| <input type="checkbox"/> Black/British | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Black/African | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White/other |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Black/other |

If other please specify:

Do you have a disability?

- Yes No

Death Benefit Nomination

I nominate the following as the person to receive any payments due to be paid to me under the prescribed rules of the CWU in the event of my death, providing that at that date I am in compliance with the Union's Rules governing the Death Benefit Scheme.

First Name:

Surname/Family Name:

Address:

Address:

Town/City:

County:

Postcode:

Your signature

Tell us about any previous union membership

Are you, or have you ever been, a member of this or any other union?

Yes No

If 'yes', which union or CWU branch?:

Data Protection Statement

If you complete this form the CWU will store and process your data in accordance with the requirements of the Data Protection Policy and in keeping with the Data Protection Act 1998. The CWU occasionally supplies information to other reputable organisations and may keep you informed about products and services that may be of interest to you. Please tick the box if you do **not** want your data to be used in this way.

For Office Use Only

Branch Code: Membership Number:

Date of Joining:

Constituency:

Branch Official's Signature:

Date:

Payroll Deduction Authority

How do you wish to pay?

Payroll *Cheque

*cheque to be made payable to CWU on a 6 monthly or annual basis

My payments will be:

Monthly Weekly

I wish to pay by payroll

Title: Mr/ Mrs/ Miss/ Ms

Surname/Family Name:

First Name:

Initials:

National Insurance Number:

Pay/Employee Number:

Employers Name:

I hereby authorise and request my employer to deduct from the salary or wages earned by me, a contribution of £ per week/month (please delete)

Payable by me to the Communication Workers Union and pay it to the said Union. Should the contribution be varied the deduction from pay made on my behalf shall be varied accordingly.

Signature

Date

