

financial services union

ONWARDS TOGETHER

PAY PENSIONS HEALTH AND SAFETY JOB SECURITY STRESS AND WELLBEING COLLECTIVE / INDIVIDUAL ADVICE GUIDANCE TRAINING PERFORMANCE MANAGEMENT SUPPORT REWARD # ININESIIIRFI AND

Providing support and expertise on the issues that matter to you

www.fsunion.org

APPLICATION FORM PLEASE USE BLOCK CAPITALS PLEASE COMPLETE ALL SIDES

Forename(s):
Staff Number:
Sex: Male Female
Date of Birth:
Home address:
Home Telephone:
Work Telephone:
Mobile Telephone:
Work Email:
Personal Email:
Have you ever been a member of IBOA /FSU previously?
Yes No
Employer:
Date First Employed:
Date Made Permanent:
Work Location / Base:
Current Grade / Job Title:
Paid: Weekly Monthly
BE COMPLETED BY UNION REP / MEMBER
Recruited by:
Staff Number:
Work Location:
Signature:

Surname:

CURRENT STATUS Permanent Full-time Temporary Agency **Permanent Under 25 Hours:** Weekly ☐ Other ☐ If other please specify: _ MEMBER OF ANOTHER TRADE UNION? Currently: Yes No If yes, please specify:

Notified you wish to leave? Yes ☐ No ☐

Date membership ceased:

TO BE SIGNED BY APPLICANT

Date: __

Previously: Yes ☐ No ☐

I wish to become a member of the Financial Services Union. I agree to be bound by the rules of the Union and to the processing of data for the purpose of furthering the objectives of the Union:

- 1. Data will be acquired and managed fairly and used for legitimate purposes for the benefit of our members.
- 2. FSU confirms it will comply with GDPR Regulations.
 See our Privacy Policy on www.fsunion.org
 3. FSU has written contracts with all third parties who commit to manage data in line with GDPR regulations.

Signature:
Date:
I hereby give authorisation for my FSU subscription (where applicable) to be deducted from my salary each month.
Signature:

TO PAY DIRECT DEBIT PLEASE USE BLOCK CAPITALS

INSTRUCTION TO YOUR BANK

Please complete parts 1 to 4 to instruct your bank to make payments directly from your account. Then return the form to Financial Services Union, Stephen Street Upper.

*PLEASE NOTE **Original direct** debit mandate

Dublin 8, D08 DR9P		
1 Please write the raddress of your b	name and full post ank and branch	al
2 Name of account	holder	
3 Sort Code		
4 Account Number		
(Please ensure your bank acc direct debit facility. Banks m pay direct debits from some t	ay refuse to accept instri	
Your instructions to the ba	nk and signature	
 I instruct you to pay dire of Financial Services Uni The amounts are variable I understand that Financiamounts and dates after I will inform the bank in I understand that if any terms of this instruction 	on le and may be debited o cial Services Union may o r giving prior notice writing if I wish to cance direct debit is paid whic	n various dates change the el the instruction h breaks the
Signature:		
Date:		
For official use only: Financial Services Union	ID No:	
	NCI.	