Application Form (please complete in BLOCK CAPITALS)



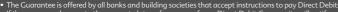
A bit about you:

First name:	Last name:		
National Insurance No:	Male/Female:	Date of birth: / /	
Address:			
Town/City:	Postcode:		
Tel no:	Email:		
If you have previously been a member of Community or of another union, please tell us here:			
A bit about your job:			
Employers name:	Address (workplace, n	ot head office):	
Town/City:	Postcode:		
Department (if applicable):	Job title:		
Membership options:	Declaration:	For union use only:	
Gross earnings: Our fees are based on what you earn — please enter your gross annual earnings here: £	Please sign me up to membership. I understand that once accepted as a member I may be subject to the union rules and I confirm the home address above may be used for union ballots. Applicant's signature:	Date of entry: Membership No: Branch: Cmpgn: Grade:	
Campaigning One of the ways Community works on your behalf is through political campaigning. Our standard fees include a political fund payment so you won't pay any extra, all you need to do is tick this box to confirm this is OK.	Protection Act 1998 and for the following purposes: to promeet statutory reporting and balloting requirements; to do to monitor equal opportunities. Where appropriate, the dependent of the providers and relevant service providers. We do not	when completing this form will be used in accordance with the Data ocess and create an electronic and paper record of your application; to evelop or contact you about union benefits, services and campaigns tan may be available to Community staff, our elected Community share your personal data with third parties for marketing purposes. onger than necessary. You can opt out of communications at any time mailing membership@community-tu.org or visiting	
If you would prefer to receive information in a different format, please let us know here (please tick): Braille Large print Other:			
Instruction to your bank or building society to pay by Direct Debit Please fill in the whole form and send it to: Business Reply Plus RTXK-JZTU-TUCR, Suite 7/8 Community Member Service Centre, Elgar House, Green Street, KIDDERMINSTER DY101JF			
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Name(s) of account holder(s):	Account holder's address (if different from member's): This is not part of the instructions to your bank or building society.	
Bank/building society name:	Postcode:	
Address:	Service user number: 7 5 3 3 2 8	
	Reference (office use only):	
Postcode:	Instruction to your bank or building society	
Account no:	Please pay Community 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 Community and, if so, details will be passed electronically to my bank/building society.	
Sort code:	Signature(s):	
Please select the day of the month on which you would prefer your account to be debited: 25th 1st (please tick one)	Date: / / Banks and building societies may not accept Direct Debit instructions for some types of account.	

This Guarantee should be detached and retained by the Payer

Direct Debit Guarantee



The Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
 If there are any changes to the amount, date or frequency of your Direct Debit Community will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Community to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
 If an error is made in the payment of your Direct Debit, by Community or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 If you receive a refund you are not entitled to, you must pay it back when Community asks you to.
 You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



