Application for Membership

I wish to apply for membership of the Independent Workers Union and agree To be bound by the Rules of the Union.

Registered Headquarters

INDEPENDENT WORKERS UNION

Name:_____

Address:_____

_____

_____County_____

Phone No:_____

E-mail:_____

D.O.B.__/___/_____

Male ☐ Female ☐

If also employed in another employment
Please state that employers name and address

_____

_____

Employer:_____

Dept:_____

Occupation:_____

Pay:€_____ per_____
Hours Worked_____per_____

Start Date of Employment
_____/_____/_____

Membership Category Monthly

Full-time	**€20 per month**
Part –time	**€10 per month**
Unemployed	**€4 per month**
Home-Helps	**€8 per month**
Solidarity	**€**
Optional	

If a former or present member of another union please state the name of that

Union_____ Branch_____

All information given on this form will be treated

As confidential to the Applicant and the Union

THE INFORMATION I HAVE GIVEN HERE IS ACCURATE

Signed:_____

Date:_____/_____/_____

The General Secretary

FOR OFFICIAL USE ONLY

Sys Code ☐

Date of acceptance ☐

Approved by ☐

Branch ☐

Signed ☐

SEPA DIRECT DEBIT

MANDATE

INDEPENDENT WORKERS UNION

Unique Mandate reference:

Creditor Identifier: **IE 21ZZZ303070**

Legal Text: By signing this mandate form ,you authorise**(THE INDEPENDENT WORKERS UNION)** to send instructions to your bank to debit your account in accordance with the instruction from **INDEPENDENT WORKERS UNION** as part of your right, you are entitled to a refund from the bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date your account was debited. Your rights are explained in a statement that you can optain from your bank.

Please complete all the fields below marked *

*Bank Name: ☐

* Bank Address: ☐

*Town: ☐ * Country: ☐

*Account Number: (IBAN)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*Swift BIC:

☐☐☐☐☐☐☐☐☐☐

Creditor Name: **INDEPENDENT WORKERS UNION**

Creditor Address: **(I.W.U.-COBS&GWU)**
55 North Main Street
Cork

Payment Type: Recurrent

*Date of signing ☐

*Signature(s) ☐