



IMPACT, Nerney's Court, Dublin 1. Tel: 01 817 1500. Website: www.impact.ie

APPLICATION FOR MEMBERSHIP

Do **NOT** complete this form if you are already currently a member of IMPACT. Use only form No. C — available on request — for deduction at source authorisation for your new employer. An Irish language version of this form is available on request.

Please complete all sections in block capitals.

1. PERSONAL DETAILS REGARDING APPLICANT

(Include name as registered with your employer as on your payslip e.g. Patricia A. Murphy)

Surname

First Name(s)

Also Known as: (If different to that above e.g. Ann Murphy)

Surname

First Name(s)

Gender

Male

Female

PPS No. (If known)

Year/Date of Birth

Home Address

2. CONTACT DETAILS (Optional)

Daytime Phone Nos.

E-Mail Address:

3. EMPLOYMENT DETAILS

Employer:

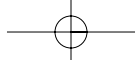
Workplace Address:

Grade/Job Title

Employee/Personnel/Staff/Pay No.

Annual Salary (Only required in cases of standing order)

€



4. SECURITY QUESTION (to verify your identity if you contact IMPACT by phone or e-mail)

What is your favourite _____ ? (Write in item of your choice e.g. colour, holiday destination, number, pet, car.)

Answer: _____

5. UNION MEMBERSHIP HISTORY

IMPACT MEMBERSHIP

Have you been a member of IMPACT in the past? YES NO

If YES, please give details including date left and reason for leaving:

MEMBERSHIP OF ANOTHER UNION

Are you or have you been a member of another trade union? YES NO

If YES, which Union?.....

When and why did you leave?.....

I hereby apply for membership of the Irish Municipal, Public and Civil Trade Union. I undertake to abide by the Union rules and decisions taken in accordance with these rules. I confirm that the information provided above is correct to the best of my knowledge. I acknowledge that my entitlement to assistance from the Union arises only from the date of joining the Union and only in respect of issues arising on or after that date.

Signed Date

Please ensure that you have fully completed and signed this form and form A or B as appropriate. Please return all of these to IMPACT Head Office or your branch representative. Under IMPACT Rule 6 an applicant's membership is effective from the date and time of its approval by the appropriate branch committee or by the Union Central Executive. The onus is on the member to ensure that their union subscription is up to date. Membership ceases after a member is in arrears of subscription for more than 180 days.

A copy of the Data Protection arrangements covering the reasons for particular questions on this form and the uses by the union of this data is available on request from any IMPACT office and on the union's website: www.impact.ie

TO BE COMPLETED BY BRANCH

Branch: Date Approved:

The above named has been approved as a member by the above Branch.

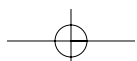
Signed.....on behalf of Branch

Name (Block Capitals): Phone No:

FOR IMPACT HEAD OFFICE USE

Date standing order or deduction at source form sent to bank/employer

Processed by..... Date.....





FORM A



AUTHORISATION FOR EMPLOYER TO DEDUCT UNION SUBSCRIPTIONS

TO: (Name of Employer)

Please deduct the IMPACT Union subscription, at the rate determined from time to time in accordance with the Rules of the Union, from my salary/wages and to pay this amount to IMPACT on my behalf. Please commence this deduction as soon as possible and continue it until further written or electronic notice either from me or IMPACT, as appropriate.

I further request you to reinstate the deduction of my Union subscriptions to IMPACT following any period of career break or any other unpaid absence from work.

I also authorise you to provide to IMPACT, in paper or electronic format, details of these deductions together with updates of the personal and employment related data set out in the IMPACT membership application form for use by it in connection with my Union membership.

I am paid (please tick appropriate box) **Weekly** **Fortnightly** **Monthly** **Other**

Surname

First Name(s)

Grade

Employee/Personnel/

Pay No:

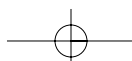
Employer's Pay group (if known).....

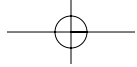
Signed..... **Date**.....

TO BE COMPLETED BY IMPACT

The current rate of union subscription determined in accordance with Union rules for the above member is % of basic salary subject to a maximum subscription based on a basic salary of € p.a.

This form should be completed and returned to IMPACT Head Office or your IMPACT Representative for transmission to the Employer.





FORM B



STANDING ORDER FORM REQUEST

TO: The Manager

..... (Name of Bank)

..... (Address of Bank)

.....

Account Name(s).....
(Include both names where joint account)

Account Number

Sort Code

I/We authorise and request you to debit my/our (type of) account the sum of * €..... (Amount in words) commencing on (date) and payable monthly thereafter and to credit this amount to IMPACT Trade Union at the bank account, and number and Payee reference number specified below, until further notice in writing. I understand that the bank shall not be under any liability for damage or loss caused by any omission to make these payments.

This Standing Order is in substitution for any other Standing Order to IMPACT being paid from the above account.

Signed (i)..... Date.....

(ii)..... Date.....

IMPACT ACCOUNT DETAILS

TO BE COMPLETED BY IMPACT (BRANCH OR HEAD OFFICE) BEFORE TRANSMISSION TO MEMBER'S BANK

IMPACT Account Name: Irish Municipal Public and Civil Trade Union Subscriptions

Bank: AIB plc Account No: 89340740 Sort Code: 93-20-86

Bank Address: 7/12 Dame Street, Dublin 2

Payee Reference No:

Note for IMPACT members:

The completed form should be forwarded by the member or membership applicant, as appropriate, to IMPACT Head Office or the IMPACT Branch representative for insertion of your reference number and onward transmission to your bank.

* The rate of Union Subscription is 0.8% of basic salary subject to maximum based on salary. Some branches have an additional Branch Subscription.

