

FORM C



### NOTIFICATION OF CHANGE OF EMPLOYER

To be used solely by an existing IMPACT member transferring to a new employment.

**1. PERSONAL DETAILS REGARDING APPLICANT**  
*(Include name as used by your employer on your payslip)*

Surname

First Name(s)

Address

IMPACT Membership Number (if known)

**2. CONTACT DETAILS (OPTIONAL)**

Daytime Phone No.

E-Mail Address

**3. NEW EMPLOYER DETAILS**    Date Commenced:

Name

Workplace Address:

Grade/Job Title

Employee/Personnel/Staff Pay No.

Annual Salary (Standing Order Only) €.....

**4. PREVIOUS EMPLOYER DETAILS**

Name

Address

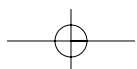
Employee/Personnel/Staff Pay No.

**5. UNION BRANCH**

Name of Previous Branch .....

Name of New Branch (If different) .....

Signed ..... Date.....





### CURRENT DETAILS

**Head Office:** Nerney's Court, Dublin 1.  
 Phone: (01) 8171500  
 Fax: (01) 8171501/2/3  
 E-mail: impact@impact.ie  
 Website: www.impact.ie

**Southern Regional Office:** Fr. Matthew Quay, Cork.  
 Phone (021) 4255210  
 Fax: (021) 4944682  
 E-mail: impactcork@impact.ie

**Western Regional Office:** 51 John Street, Sligo.  
 Phone: (071) 42400  
 (071) 45136  
 Fax: (071) 41365  
 E-mail: impactsligo@impact.ie

**Galway Regional Office:** Unit 23, Sean Mulvoy Road, Galway.  
 Phone: (091) 778031  
 Fax: (091) 778026  
 E-mail: impactgalway@impact.ie

**Dublin Airport:** Corballis Park.  
 Phone: (01) 8445676  
 (01) 8445272  
 Fax: (01) 8446051  
 E-mail: admin@ialpa.net

### BRANCH REPRESENTATIVE

Your local branch representative of the.....Branch is  
 Name .....

Address .....

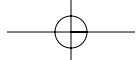
.....

.....

Daytime Phone Number(s) .....

## www.impact.ie

- Work & Life magazine
- Salary scales
- Rights at work
- Union services
- Publications



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:**

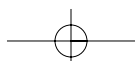
**Employer's Pay group** (if known).....

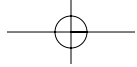
**Signed**..... **Date**.....

**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.

