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APPLICATION FOR MEMBERSHIP

Personal Details

(Include name as registered with your employer i.e name on payslip)

Surname: _____ **Forename(s):** _____

Also known as: (If different from above)

Home/Contact Address:

L1:

L2:

L3:

L4:

Eircode:

Date of Birth: (dd/mm/yyyy) **Gender:**
 Male **Female**

Day time phone number: _____ **Mobile:** (08nnnnnnnn)

Email:
 (Preferably personal and not workplace email)

Employment Details

Employer:

Employee/Personnel/Staff Number:

Workplace Address:

L1:

L2:

L3:

L4:

County: _____ **Eircode:** _____

Grade/Job category:

Security question

(We use this to verify your identity when you contact us)

What is your favourite:

(Write in item of your choice e.g colour, holiday destination, etc)

Answer:

Union Membership History

Have you been a member of IMPACT in the past:

YES NO

Are you or have you been a member of another trade union:

YES NO

If YES, give details including when and why you left the union:

If YES, give details including when and why you left:

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:** (dd/mm/yyyy)

