

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

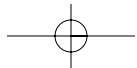
Employee/Personnel/Staff Pay No.

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

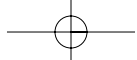
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Daytime Phone Number(s)

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

