

APPLICATION FOR MEMBERSHIP
Please fill out in block capitals

Personal Details

(Include name as registered with your employer ie name on payslip)

Name:

Also known as:
(If different from above)

Address:

.....

Eircode:

Gender: Male Female

Date or year of birth:

Day time phone number:

Mobile number:

Email:
(Preferably personal and not workplace email)

Employment Details

Employer:

Workplace Address:

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Eircode:

Grade or job category:

Payroll/personnel/staff number:

School roll number (If applicable):

Security question:

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

What is your favourite: ?

(Write an item of your choice eg colour, holiday destination, etc)

Answer:

Union Membership History

Have you been a member of IMPACT in the past:

YES NO

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

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

YES NO

If YES, give details including when and why you left

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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 check that you have fully completed and signed this form. Then return it to Membership Applications, IMPACT, Nerney's Court, Dublin D01 R2C5.

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 for use by it in connection with my union membership, 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.

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

Surname: **First name(s):**

Payroll/personnel/staff number:

Grade:

Signed: **Date:**

A copy of the data protection arrangements covering the questions on this form, and the unions possible use of this data, is available on request from any IMPACT office and on the union's website: www.impact.ie.

IMPACT membership subscriptions are set on a percentage basis so that those who earn less pay less. It costs 0.8% of basic salary (or 80 cent for every €100 you earn) up to an annual salary maximum of €44,800 (2010 to date).

To Be Completed by the Branch

Members name:

Branch: Date approved:

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

Signed: Phone number:

For IMPACT Head Office Use

Date deduction at source form sent to employer:

Processed by: Date:
