

financial services union

ONWARDS TOGETHER

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Stephen Street Upper
Dublin 8 D08 DR9P
E: info@fsunion.org

BELFAST
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Belfast BT9 6RU
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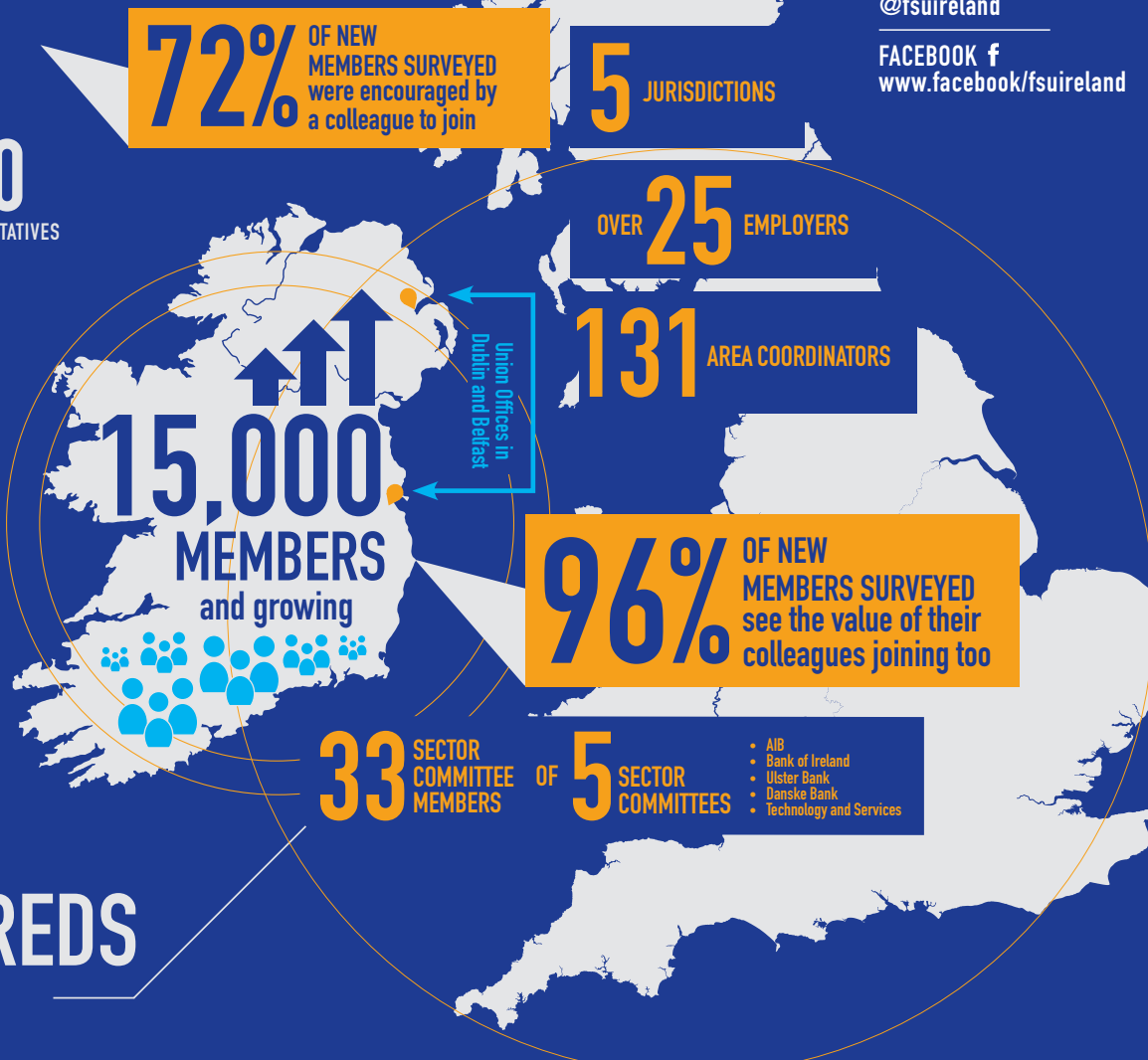
TWITTER 
@fsuireland

FACEBOOK 
www.facebook/fsuireland

C.1500
WORKPLACE REPRESENTATIVES

1210
INDIVIDUAL MEMBERS REPRESENTED BETWEEN 2010 AND 2015

HUNDREDS
OF COLLECTIVE AGREEMENTS



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ONWARDS TOGETHER

PAY PENSIONS HEALTH AND SAFETY JOB SECURITY STRESS AND WELLBEING COLLECTIVE / INDIVIDUAL ADVICE GUIDANCE TRAINING PERFORMANCE MANAGEMENT SUPPORT REWARD #JOINFUIRELAND

Providing support and expertise on the issues that matter to you

www.fsunion.org

APPLICATION FORM

PLEASE USE BLOCK CAPITALS

Surname: _____

Forename(s): _____

Staff Number: _____

Sex: Male Female

Date of Birth: _____

Home address: _____

TELEPHONE

Home: _____

Work: _____

Mobile: _____

EMAIL

Work: _____

Personal: _____

Have you ever been a member of IBOA
/ Financial Services Union previously? Yes No

TO BE COMPLETED BY UNION REP / MEMBER

Recruited by: _____

Staff Number: _____

Work Location: _____

Signature: _____

Employer: _____

Date First Employed: _____

Date Made Permanent: _____

Work Location / Base: _____

Current Grade / Job Title: _____

Paid: Weekly Monthly

CURRENT STATUS

Permanent Full-time Temporary Agency

Permanent Under 25 Hours: Weekly Other

If other please specify: _____

MEMBER OF ANOTHER TRADE UNION?

Currently: Yes No

If yes, please specify: _____

Notified you wish to leave? Yes No

Previously: Yes No

Date membership ceased: _____

TO BE SIGNED BY APPLICANT

I wish to become a member of Financial Services Union. I agree to be bound by the rules of the Union and to processing of data for the purpose of furthering the objectives of the Union. I hereby give authorisation for my Financial Services Union subscription to be deducted from my salary each month.

Signature: _____

Date: _____

PLEASE COMPLETE ALL SIDES

INSTRUCTION TO YOUR BANK TO PAY DIRECT DEBIT



PLEASE USE BLOCK CAPITALS

Please complete parts 1 to 4 to instruct your bank to make payments directly from your account. Then return the form to Financial Services Union, Stephen Street Upper, Dublin 8, D08 DR9P

***PLEASE NOTE**
Original direct debit mandate must be returned

1 Please write the name and full postal address of your bank and branch

2 Name of account holder

3 Sort Code _____

4 Account Number _____

(Please ensure your bank account number is correct and has a direct debit facility. Banks may refuse to accept instructions to pay direct debits from some types of account).

Your instructions to the bank and signature

- I instruct you to pay direct debits from my account at the request of Financial Services Union
- The amounts are variable and may be debited on various dates
- I understand that Financial Services Union may change the amounts and dates after giving prior notice
- I will inform the bank in writing if I wish to cancel the instruction
- I understand that if any direct debit is paid which breaks the terms of this instruction, the bank will make a refund

Signature: _____

Date: _____

For official use only: Financial Services Union ID No: _____
Ref: _____