

financial services union

ONWARDS TOGETHER

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www.facebook/fsuireland

C.1500
WORKPLACE REPRESENTATIVES

1210
INDIVIDUAL MEMBERS REPRESENTED BETWEEN 2010 AND 2015

HUNDREDS
OF COLLECTIVE AGREEMENTS

72% OF NEW MEMBERS SURVEYED were encouraged by a colleague to join

5 JURISDICTIONS

OVER 25 EMPLOYERS

131 AREA COORDINATORS

15,000 MEMBERS and growing

Union Offices in Dublin and Belfast

96% OF NEW MEMBERS SURVEYED see the value of their colleagues joining too

33 SECTOR COMMITTEE MEMBERS

OF 5 SECTOR COMMITTEES

- AIB
- Bank of Ireland
- Ulster Bank
- Danske Bank
- Technology and Services

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ONWARDS TOGETHER

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

PLEASE USE BLOCK CAPITALS

APPLICATION FORM

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

PLEASE COMPLETE ALL SIDES

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 COMPLETED BY UNION REP / MEMBER

Recruited by: _____

Staff Number: _____

Work Location: _____

Signature: _____

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 USE BLOCK CAPITALS

SEPA DIRECT DEBIT MANDATE



Unique Mandate Reference To be completed by Financial Services Union

By signing this mandate form, you authorise: Financial Services Union to send instructions to your bank to debit your account; and your bank to debit your account in accordance with the instructions from the Union. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Creditor's Name Please fill all fields *

F I N A N C I A L S E R V I C E S U N I O N

Creditor identifier

I E 7 5 S D D 9 9 9 6 2 5

Creditor address

S T E P H E N S T U P P E R

City

D U B L I N 8

Post Code

D 0 8 D R 9 P

Country

I R E L A N D

Type of payment: Recurrent payment One-off payment

Debtor Name*

Debtor Address: Line 1

Address: Line 2

Town/City Post Code

Country

Debtor account number - IBAN*

Debtor bank identifier code - BIC*

Date* _____

Signature*
