



# CWU Membership Form for Communications Employees

**1 You** Surname  Forename(s)  Title

**2 Your Job** Employer  Payroll No

Job Title  Work Tel/Mobile

Workplace

N.I. Number  Weekly hours worked?

**3 Direct Debit Mandate** INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY **MONTHLY** BY DIRECT DEBIT  
*Please pay the Communication Workers Union Direct Debits from the account detailed in this instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with the Communication Workers Union and, if so, details will be passed electronically to my Bank/Building Society.*

To the manager:  Bank/Building Society Name

Bank/Building Society Address

Postcode  Bank/Building Society Account No  Branch Sort Code

Name(s) of Account Holder(s)

This Guarantee is offered by all Banks and Building Societies.  If the amounts to be paid or the payment dates change Communication Workers Union (CWU) will notify you 10 working days in advance of your account being debited or as otherwise agreed.  If an error is made by CWU or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.  You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.  Banks and Building Societies may not accept Direct Debit instructions for some types of account.

**4 About You** Home Address

Date of Birth  Home Tel  Postcode

Mobile  Email

**5 Declaration** \*Delete as applicable below. I wish to join the CWU and accept its rules. I understand this will involve Collective Bargaining by the CWU on my behalf. I **n nominate the person named below as my beneficiary / I do not wish to name a beneficiary** to receive any payment due to be paid in the event of my death, providing that at that time, I am in compliance with the Union's Rules governing the Death Benefit Scheme. I understand that it is my responsibility to advise the Union of any change to these details. I authorise the Communication Workers Union to process the direct debit as detailed above.

Signature

Date  /  /

**6 Death Benefit** The CWU currently pays a death benefit to your beneficiary. Please provide details of who should receive it.

Name  Address  Postcode

**Equal opportunities** This information will be retained in confidence for statistical purposes and may be used by the union to advise you of any initiative in relation to diversity.

**Gender?** M  F  **Do you have a disability?** Yes  No

**To which ethnic group do you consider you belong?**

White UK  Black UK  Black Other  Chinese  Bangladeshi   
White European  Black African  Asian UK  Indian  Other (specify)   
White Other  Black Caribbean  Asian Other  Pakistani

**Data protection** If you complete this form the CWU will store and process your data in accordance with our Data Protection Policy and in keeping with the Data Protection Act 1998. The CWU occasionally supplies information to other reputable organisations and may keep you informed about products and services that may be of interest to you. Please tick the box if you **do not** want your data to be used in this way

Branch use only  Branch Code  Constituency  Date Received

Head office use only  Membership No  Name