



Services Industrial Professional
& Technical Union

Membership Application Form

SIPTU, Finance & Administration Dept., Liberty Hall
Eden Quay, Dublin 1. Tel: 1890 747 881

Please complete the form using block letters, give full postal address where requested, sign and return to the above address
I wish to apply for membership of SIPTU and agree by its rules and to pay contributions as appropriate under the Rules of the Union

First name:

Surname:

Home Address:

Male Female Date of Birth: Nationality:

Telephone: Mobile Phone No.:

Preferred Mailing Address: Home Work E-mail:

Name of Company:

Your employment location:

Full/Part Time Employee _____ Hours p.w _____ Member of Pension Fund? Yes No

Gross Weekly Pay Band (tick box) Over €500 p.w. €325 - €500 p.w. €200 - €325 p.w. €127 - €200 p.w. Under €127 p.w.

Occupation: _____ Payroll No./Clock No.: _____

If former member of SIPTU/Other union please state union: _____

Signature: _____

Please indicate if you would like to receive regular news updates from SIPTU via E-mail TXT message to your mobile none

PLEASE COMPLETE SECTION A

OR B (SEPA DIRECT DEBIT MANDATE ON REVERSE)



A AUTHORISATION FOR DEDUCTION OF UNION CONTRIBUTIONS FROM SALARY

First Name:

Last Name:

I authorise _____ to deduct from my wages each week the appropriate amount of Union contributions as set out in the Union Rule Book and to hand over such monies to SIPTU. The amount may be varied by changes in the Registered Rules from time to time. This authority shall be valid for this and subsequent periods of employment. The current applicable weekly contribution rate is _____

Signed: _____ Department: _____ Division/Sector: _____ Payroll/Clock No: _____

Union Number: _____ Date: _____

SIPTU complies with the principles of the Data Protection Acts 1988/2003 and aim to maintain consistently high levels of best practice of personal/or sensitive data.

Please be advised that SIPTU reserves the right to refuse to offer advice and representation on issues which originate prior to the application for membership.

B

SIPTU - SEPA Direct Debit Mandate



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*Creditor Identifier: IE63ZZZ303672

By signing this mandate form, you authorise (A) SIPTU to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from SIPTU.

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.

PLEASE COMPLETE SECTION 2

SECTION 2

*Your Name:

*Your Address:

*City/postcode: *Country:

*Account number (IBAN):

*Swift BIC

*Name & Address of Bank:

*Signature: _____ *Date:

SECTION 3

**SIPTU
Direct Debit Centre
SIPTU Finance Department
Liberty Hall
Dublin 1**

***Unique Mandate Reference**

*Type of payment Recurrent or One-Off Payment (Please tick ✓)