



Services, Industrial, Professional & Technical Union

Membership Application Form

SIPTU, Finance & Administration Dept., Liberty Hall, Eden Quay, Dublin 1. Tel: 01 858 6300

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

Name:

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 €500p.w. €325 - €500p.w. €200 - €325p.w. €127 - €200p.w. Under €127p.w.

Occupation: Payroll No./Clock No.:

If former member of SIPTU/Other union please state union: Membership No.:

Signed: Date:

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 1 OR 2

1 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: _____

2 AUTHORISATION TO YOUR BANK/BUILDING SOCIETY TO PAY DIRECT DEBIT TO SIPTU

Originator's Identification Number: 3 0 - 3 6 - 7 2
Name(s) of Account Holder(s):
Bank/Building Society Account No.: Branch Sort Code:
Name and full postal address of your Bank or Building Society • To: The Manager Bank/Building Society
Address:
Signature(s): (Note: If this is a joint account - both signatures are required.)
Date:

THE DIRECT DEBIT GUARANTEE

- This is a guarantee provided by your own Bank as a Member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate.
- If you authorise payment by Direct Debit, then
 - Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account
 - Your Bank will accept and pay such debits, provided that your account has sufficient available funds
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed an immediate refund by your Bank of the amount so charged where you notify your bank without undue delay on becoming aware of the unauthorised Direct Debit, and in any event no later than 13 months after the date of debiting of such Direct Debit to your account.
- You are entitled to request a refund of any Variable Direct Debit the amount of which exceeded what you could have reasonably expected, subject to you so requesting your Bank within a period of 8 weeks from the date of debiting of such Direct Debit to your account.
- You can instruct your Bank to refuse a Direct Debit payment by writing in good time to your Bank.
- You can cancel the Direct Debit Instruction by writing in good time to your Bank.

FOR OFFICE USE ONLY:

Union No.: _____
Date sent to Bank: _____
Date of Entry: _____
Contribution Class: _____