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**GOOD REASONS
WHY JOINING
SIPTU IS THE
BEST DECISION
YOU'LL MAKE**

**WE KNOW YOUR WORTH -
EVERY DAY, WE FIGHT
FOR FAIR PAY AND
FAIR WORK**



www.siptu.ie/join

- 1 BETTER PAY**
- 2 FAIRNESS AT WORK**
- 3 YOUR VOICE AT WORK**
- 4 BETTER TRAINING**
- 5 SUPPORT WHEN YOU NEED IT**
- 6 PROTECTION FROM DISCRIMINATION**
- 7 SAFER WORKPLACES**
- 8 BETTER WORK-LIFE BALANCE**
- 9 JOB PROTECTION**
- 10 JUSTICE IN SOCIETY**



SIPTU

Services Industrial
Professional
& Technical Union

Membership Application Form

SIPTU Finance & Administration Dept., Liberty Hall
Eden Quay, Dublin 1, D01 E5Y3. Tel: 1800 747 881

SIPTU is committed to the General Data Protection Regulations 2018, and aims to maintain consistently high standards in protecting and securing all of your personal information. Our Privacy Notice can be viewed at www.siptu.ie/privacystatement

Please complete the form using block letters, sign and return to the above address.

I wish to apply for membership of SIPTU and agree to 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. Over €325 and up to and including €500 p.w. Up to and including €325 p.w.

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

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

Signature: _____

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.

PLEASE COMPLETE

AUTHORISATION FOR DEDUCTION OF UNION CONTRIBUTIONS FROM SALARY

First Name:

Last Name:

I authorise _____ to deduct from my wages weekly fortnightly monthly
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: _____