

Membership Application Form

PLEASE COMPLETE FORM IN BLOCK LETTERS AND RETURN TO IFUT BY POST OR E-MAIL

PERSONAL DETAILS

FIRST NAME(S) :

LAST NAME :

SEX : MALE FEMALE

CONTACT DETAILS

WORK PHONE :

MOBILE PHONE :

E-MAIL ADDRESS :

EMPLOYMENT DETAILS

ACADEMIC TITLE : (eg. 'Prof.', 'Dr.')

CURRENT JOB TITLE :

NAME OF INSTITUTION :

NAME OF CURRENT DEPT./SCHOOL ETC :

EMPLOYMENT STATUS: (Please tick ALL that apply)

FULL-TIME PART-TIME

PERMANENT TEMPORARY

WHEN DID YOU JOIN THIS INSTITUTION?

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CURRENT EMPLOYMENT SITUATION

DO YOU CURRENTLY HAVE AN INDUSTRIAL RELATIONS ISSUE WITH YOUR EMPLOYER?

YES NO

IF 'YES', PLEASE PROVIDE DETAILS :

PREVIOUS TRADE UNION MEMBERSHIP

ARE YOU OR WERE YOU PREVIOUSLY A MEMBER OF ANOTHER TRADE UNION?

YES NO

IF 'YES', PLEASE COMPLETE THE FOLLOWING

NAME OF TRADE UNION :

DATE MEMBERSHIP CEASED :

DECLARATION

I _____ WISH TO APPLY FOR MEMBERSHIP OF IFUT.

SIGNED :

DATE :

Please return the completed Application and Authorisation forms to the

9a Úr. Admin@ifut.ie

Dcgh. General Secretary, IFUT, 11 Merrion Square, Dublin 2

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AUTHORISATION FOR DEDUCTION OF SUBSCRIPTIONS

(Please use block letters)

Name:

Home Address:

I authorise [Institution of Employment] to deduct from my salary the appropriate amount of union contributions and to hand over such monies to the Irish Federation of University Teachers. The amount may be varied according to the rules of the union from time to time. This authority is to be valid for this and subsequent periods of employment. I accept that I must give one month's notice in writing to my union of any intention to withdraw from this scheme.

SIGNED

Date

Salary No. (if applicable)
