

APPLICANT INFORMATION

First Name: **Surname:**

Mobile: **E-mail:**

Date of Birth: **Gender:** Male Female Prefer not to state

Current Job Title: **Name of Institution:**

Employment Status: *(Tick all boxes that apply)*

Full-Time Part-Time Permanent Temporary

Do you currently have the following with your employer? *(Tick all boxes that apply)*

Industrial Relations Issue Personal Issue (e.g.CID) Other

If you have answered yes to any of the above, please provide details:

DECLARATION

I wish to apply for membership of the Irish Federation of University Teachers (IFUT). I declare that there are no extant issues which pre-date my application. IFUT policy dictates that we cannot offer representation to new members until at least three monthly contributions have been received after your application has been approved. I understand that IFUT reserves the right to refuse to offer advice and representation on issues which originate prior to my application for membership.

BY SUBMITTING THIS FORM, I AM AGREEING TO THE ABOVE DECLARATION.

Are you/or were you previously a member of another Trade Union? Yes No

If you have answered 'yes' please complete the following:

Name of Trade Union: **Date Membership Ceased:**

IFUT Data Protection Notice: IFUT will only process personal data of members in accordance with the legitimate business of the Union. IFUT will not otherwise forward personal data of a member to a third party. IFUT will process, manage and store personal data in a professional and secure manner complying with data protection guidelines.

IFUT Newsletter: We use your e-mail to send you regular IFUT newsletters. If you wish to discontinue your subscription or to change your format preference, you can do so through the subscription area present on every copy of the newsletter.

AUTHORISATION FOR DEDUCTION OF SUBSCRIPTIONS

First Name: **Surname:**

Home Address:

Personnel/Staff Number:

I authorise..... (Institute 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.

BY SUBMITTING THIS FORM, I AM AGREEING TO THE ABOVE DEDUCTION FROM MY SALARY.

Signature:

Date: