

## Part 1 Personal Details

Please fill in Parts 1 and 2 of this Application Form in BLOCK CAPITALS and return to your Branch

<b>Surname:</b>		Mr/Mrs/Miss/Ms (circle as applicable)		
<b>Forenames:</b>			<b>Date of Birth:</b>	
<b>Home Address:</b>				
<b>Postcode:</b>				
<b>Occupation</b>			<b>Grade:</b>	
<b>Work Address:</b>				
<b>Postcode:</b>				
<b>Do You Work</b> <i>(tick applicable)</i>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Job Share <input type="checkbox"/>	Term Time <input type="checkbox"/>
Please indicate which address to be used for delivery of NIPSA voting papers home or work.				
	Daytime	Home	Mobile	
<b>Telephone</b>				
<b>Email</b>				

<b>Have you previously been a member of NIPSA</b> <i>(tick applicable)</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Reason for leaving</b> <i>(tick applicable)</i>	Resigned <input type="checkbox"/>	Left Service <input type="checkbox"/>	Career Break <input type="checkbox"/>	Changed Employer <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Have you been a member of any other union?</b> <i>(tick applicable)</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes please answer the following questions.</i>	
Name of Union			Date of Resignation		

I declare to the best of my knowledge the answers to the above questions are correct. If my application is accepted, I agree to abide by the rules of NIPSA and authorise the deduction from my salary of the appropriate subscription.

<b>Signature:</b>	<b>Date:</b>
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### Data Protection Notice:

NIPSA will process your information for administrative purposes, conducting ballots, elections and other statutory requirements. Your name will be added to your branch membership list which from time to time will be provided to your Branch Secretary to ensure you can participate in your branch business. We will also send you newsletters, journals and information on educational and campaigning matters We may disclose your information to other organisations for these purposes. However, if we disclose your information, it will be to a body which has proper security for your data protection rights to ensure they are protected.

If you do not want your details used for any purposes other than those required by statute or NIPSA Constitution please tick this box



## Part 2 Direct Deduction from salary

(Full name in BLOCK CAPITALS)

I
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authorise the deduction from my salary, until further notice the appropriate subscriptions to be paid to NIPSA. I also agree that if the subscription should be varied the deduction should be varied accordingly.

<b>Signature:</b>	<b>Date:</b>
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National Insurance No.												Full Payroll No.	
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Employing Body													
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Work Address:													
	<b>Postcode:</b>												

**For NIPSA use only**

Date Received:	Date Processed:
Branch No.:	Membership No.:
Pay Roll No.:	National Insurance No.:
Processed By:	

RESPONSE LICENCE No  
BE819

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