



SIPTU

Services Industrial
Professional
& Technical Union

Membership Application Form

SIPTU Finance & Administration Dept., Liberty Hall
Eden Quay, Dublin 1, D01 E5Y3. Tel: 1890 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. €325 - €500 p.w. €200 - €325 p.w. €127 - €200 p.w. Under €127 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 SECTION A

OR

B (SEPA DIRECT DEBIT MANDATE ON REVERSE)



A 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: _____

B

SIPTU - SEPA Direct Debit Mandate



*Creditor Identifier: IE63ZZZ303672

By signing this mandate form, you authorise (A) SIPTU to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from SIPTU.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

PLEASE COMPLETE SECTION 2

SECTION 2

*Name of Bank Account Holder:

*Bank Account Holder Address:

*City/postcode: *Country:

*Account number (IBAN):

*Signature: _____ *Date:

SECTION 3

**SIPTU
Direct Debit Centre
SIPTU Finance Department
Liberty Hall
Dublin 1,
D01 E5Y3**

***Unique Mandate Reference**

*Type of payment Recurrent or One-Off Payment (Please tick ✓)