For union use only | Pay group | Branch code | Membership number | Date of joining

1 About you

Surname | Forename | Title (mr / mrs / miss / ms) | Date of birth

Home address | NI Number

Postcode

Home telephone number | Secure email

Equality & disability monitoring This information will be retained in confidence for statistical purposes and may be used by the union to advise you of possible initiatives in relation to diversity.

To which Ethnic Group do you consider you belong? a) Black Afro-Caribbean ☐ b) Black African ☐ c) Black Asian ☐ please specify

d) Black Other ☐ e) Oriental ☐ f) White European ☐ g) White Other ☐ h) Other ☐ please specify

Do you consider that you have a disability? Yes ☐ No ☐

The Union may periodically send details of benefits available to you as a CWU member. Please tick this box if you do not wish to receive them. ☐

2 About your job

Employer | Workplace

Your job | Grade | How many hours a week do you work?

Address where you work

postcode | Work tel.

Job status (full time / part time) | Pay or employee no. | Pay date

3 Death Benefit Nomination

I nominate the following, as the person to receive any payment due to be paid to me under the prescribed rules of the CWU in the event of my death, providing that at that date I am in compliance with the Union's Rules governing the Death Benefit Scheme.

Name | Address

postcode

4 Pay direct from your wages

surname

initials | forename

I hereby authorise and request my employer to deduct from the salary or wages earned by me, a contribution of £ per month.

Payable by me to the Communication Workers Union and pay it to the said Union. Should the contribution be varied the deduction from pay made on my behalf shall be varied accordingly.

Signature

Date

Name and address of pay group

postcode

EIN

Please return your completed application form to CWU Membership Dept, Communication Workers Union, 150 The Broadway, Wimbledon, London SW19 1RX