Communication Workers	Union n	nembership form for F	Royal M	1ail Groເ	up Employees			
1 About You Complete by typing in CAPITAL letters then email it to <u>joinunion@cwu.org</u>								
Surname:	Forename(s):		Title:					
Home Address:								
				Postco	ode:			
Date of Birth:	N.I. Number:		Home Tel:					
Mobile:	Email:							
2 Your Job Employer Royal Mail Post Grade LA Job Function Customer Services	Office Ltd	Network LGE CVIT ssing Delivery Admin		Parcelforce Other (pleas Other (please				
Payroll No:		Workplace:						
Work Tel/Mobile:		Weekly	hours w	vorked?:				
3 Death Benefit The CWU current	tly pays a dea	ath benefit to your beneficiary. P	lease prov	ide details o	of who should receive it.			
Name:		Address:						
				Postco	ode:			

4 Declaration

The CWU undertakes a range of political work on issues that affect our members. We've successfully campaigned on issues from pay, pensions and workplace rights, to broader issues like the NHS and housing. In order to continue this work we ask members to make a contribution of 20p per week towards our political fund. Please tick this box to opt-in to this.

Any member choosing not to do so will not, by reason of not contributing, be disadvantaged compared with other members of the union (except in relation to control of the political fund).

I wish to join the CWU and accept its rules. I understand this will involve Collective Bargaining by the CWU on my behalf. I authorise deduction of CWU subscriptions from my salary at a rate of f per week/month^{*} to be paid over to the CWU on my behalf and I authorise my employer to provide information to the CWU to keep my records up to date. Should CWU

subscriptions be varied, the salary deduction made on my behalf shall be varied accordingly.

I nominate the person named above as my beneficiary / I do not wish to name a beneficiary* to receive any payment due to be paid in the event of my death, providing that at that time, I am in compliance with the Union's Rules governing the Death Benefit Scheme. I understand that it is my responsibility to advise the Union of any change to these details.



- BY EMAIL -



ate:

Equal opportunities This information will be retained in confidence for statistical purposes and may be used by the union to advise you of any initiative in relation to diversity.							
Gender? M		Do you have a	disability?	Yes	No		
To which ethnic group do you consider you belong?							
White UK		Black UK	Black Other		Chinese Bangladeshi		
White European		Black African	Asian UK		Indian Other (specify)		
White Other		Black Caribbean	Asian Other		Pakistani		

General Data Protection Regulations The union will email you from time to time about matters that directly affect you. The union would also like to keep you up to date on wider union issues. Please tick the following box if you would like to receive these updates

Once your membership is active you can change your preferences to tailor the message to your interests or unsubscribe at any time. We will keep your data safe and will not divulge your information to anyone else.

Branch Use Only	Branch Code	Constituency		Date Received	
Head Office Use Only	Membership Number				