

APPLICATION FORM — page 1

Please fill in this form in block capitals using black ink and return to Managers in Partnership, FDA – MiP Section, 6th Floor, Elizabeth House, 39 York Road, London, SE1 7NQ.

1. Personal details

Title Surname

Forename(s)

Sex

Date of birth

Home address

Post code

Home tel Work tel

Mobile tel

Email

2. Employment details

Job title

Employer

Work address

Post code

Current basic annual salary £

Agenda for Change band (if applicable)

3. How would you describe your ethnic origin? (please tick one)

<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Asian UK	<input type="checkbox"/> Asian other
<input type="checkbox"/> Black African	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Black UK
<input type="checkbox"/> Black Other	<input type="checkbox"/> White UK	<input type="checkbox"/> Irish
<input type="checkbox"/> White Other		

4. Do you consider yourself to have a disability? (please tick one)

Yes No



Instructions to your bank or building society to pay by Direct Debit

Please fill in the whole form including official use box and post to: MiP, Elizabeth House FDA – MiP Section, 6th Floor, 39 York Rd, London, SE1 7NQ.

Name and full postal address of your bank or building society

To the manager Bank/building society

Address

Postcode

Name(s) of Account holder(s)

Bank/building society account number

Branch sort code

Originator's identification number

9 7 4 0 7 3

Reference number (for office use only do not complete)

Instruction to your bank or building society

Please pay the FDA Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit guarantee. I understand that this instruction may remain with the FDA and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Banks and building societies may not accept Direct Debit instructions for some types of account.

The Direct Debit guarantee

This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.

If there are any changes to the amount, date or frequency of your Direct Debit FDA will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the FDA to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

If an error is made in the payment of your Direct Debit by the FDA or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.

If you receive a refund you are not entitled to, you must pay it back when the FDA asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

How did you hear about MiP (please tick one)

MiP officer colleague leaflet website direct mail advert other, please specify _____

Authorisation

I wish to join MiP. By doing so I will enjoy joint membership of the FDA & UNISON. I agree to abide by the rules and constitution of both unions.

Signature

Date

If you have been a member of a trade union before please state which one:

What you will pay

Please tick the appropriate box for your earnings before deductions or tick management trainee

Annual basic salary (£)		Monthly subscription (£)
Part-time		
PT A: up to 25,750	<input type="checkbox"/>	20.85
PT B: 25,751 to 39,238	<input type="checkbox"/>	22.90
Full-time		
Band A: 39,239 to 61,800	<input type="checkbox"/>	25.60
Band B: 61,801 to 72,100	<input type="checkbox"/>	29.00
Band C: 72,101 to 82,400	<input type="checkbox"/>	31.25
Band D: over 82,400	<input type="checkbox"/>	33.80
Management trainee	<input type="checkbox"/>	10.00 per year
start date of scheme	<input type="text"/>	
end date of scheme	<input type="text"/>	

I was given this form by:

Name

email

Please complete the direct debit form overleaf to make your subscriptions

Data Protection

MiP will process your membership information together with other information for administration, statistical analysis, conducting ballots and other statutory requirement purposes.

We may also send you newsletters, journals and surveys and let you know about educational and campaigning matters. We will disclose your information to our service providers and agents for these purposes.

If you do not want any mailings from MiP besides those required by statute as shown above, please tick this box.

We may share your information with organisations with whom we have a business relationship for your benefit. We, or they, may contact you by mail, telephone, SMS, fax or e-mail to let you know about goods, services or promotions which we think may be of interest to you.

If you do not wish to receive such information please tick this box.



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