IMPACT
APPLICATION FOR MEMBERSHIP

Please fill out in block capitals

Personal Details:

(Include name as registered with your employer ie name on pay slip)

Name: .....

Also known as: .....
(if different from above)

Address: .....

.....

Gender: Male ☐ Female ☐

Date/year of birth: .....

Daytime phone number: .....

Mobile number: .....

E-mail: .....
(Preferably personal and not workplace e-mail).

Employment Details:

Employer: .....

.....

Workplace Address: .....

.....

.....

Grade/job category: .....

Employee/personnel/staff number: .....

Annual salary (Only required in cases of standing order)**:** € .....

Security question:

(We use this to verify your identity when you contact us.)

What is your favourite .....?
(write in item of your choice eg colour, holiday destination etc)

Answer: .....

Union Membership History

Have you been a member of IMPACT in the past:

YES ☐ NO ☐

If YES, give details including date left and reason for leaving:

.....

.....

Are you or have you been a member of another trade union:

YES ☐ NO ☐

If YES, give details including date left and reason for leaving:

.....

.....

I hereby apply for membership of the Irish Municipal, Public and Civil Trade Union. I undertake to abide by the Union rules and decisions taken in accordance with these rules. I confirm that the information provided above is correct to the best of my knowledge. I acknowledge that my entitlement to assistance from the Union arises only from the date of joining the Union and only in respect of issues arising on or after that date.

Signed: ..... Date: .....

Please ensure that you have fully completed and signed this form and return to IMPACT Head Office, Nerney's Court, Dublin 1.

STANDING ORDER

IMPACT

To: The Manager

Name of Bank: .....

Address of Bank: .....

Account Name(s): .....
(Include both names where joint account)

IBAN: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **BIC:** ☐☐☐☐☐☐☐☐☐☐☐

(IBAN and BIC numbers are available from your Bank)

I/We authorise and request you to debit my/our ..... (type of) account the sum of € ..... commencing on ..... (date) and payable monthly thereafter and to credit this amount to IMPACT Trade Union at the bank account, and number and Payee reference number specified below, until further notice in writing. I understand that the bank shall not be under any liability for damage or loss caused by any omission to make these payments.

This standing order is in substitution for any other standing order to IMPACT being paid from the above account

Signed: (i) ..... Date: .....

(ii) ..... Date: .....

IMPACT ACCOUNT DETAILS

To be completed by IMPACT (branch or head office) before transmission to members bank

IMPACT Account Name: Irish Municipal Public and Civil Trade Union Subscriptions

Bank: AIB plc **IBAN:** IE75AIBK93208689340740 **BIC:** AIBKIE2D

Payee Reference Number: ☐☐☐☐☐☐

Note for IMPACT members: **The completed form should be forwarded by the member or membership applicant, as appropriate, to IMPACT head office for insertion of your reference number and onward transmission to your bank.**