



**Services Industrial Professional  
& Technical Union**

# Membership Application Form

SIPTU, Finance & Administration Dept., Liberty Hall  
Eden Quay, Dublin 1. Tel: 1890 747 881

Please complete the form using block letters, give full postal address where requested, sign and return to the above address  
**I wish to apply for membership of SIPTU and agree by 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 indicate if you would like to receive regular news updates from SIPTU via E-mail  TXT message to your mobile  none

**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: \_\_\_\_\_

SIPTU complies with the principles of the Data Protection Acts 1988/2003 and aim to maintain consistently high levels of best practice of personal/or sensitive data.

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.

**B**

# SIPTU - SEPA Direct Debit Mandate



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\*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

\*Your Name:

\*Your Address:

\*City/postcode:  \*Country:

\*Account number (IBAN):

\*Swift BIC

\*Name & Address of Bank:

\*Signature: \_\_\_\_\_ \*Date:

## SECTION 3

**SIPTU  
Direct Debit Centre  
SIPTU Finance Department  
Liberty Hall  
Dublin 1**

**\*Unique Mandate Reference**

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