

Communication Workers Union membership form for Royal Mail Group Employees

1 About You

Complete by typing in CAPITAL letters then email it to

joinunion@cwu.org

Surname:	Forename(s):	Title:
Home Address:		
		Postcode:
Date of Birth:	N.I. Number:	Home Tel:
Mobile:	Email:	

2 Your Job

Employer Royal Mail Post Office Ltd Network Parcelforce Other (please specify)

Grade LA OPG LGE CVIT Other (please specify)

Job Function Customer Services Processing Delivery Admin Other (please specify)

Payroll No:	Workplace:
Work Tel/Mobile:	Weekly hours worked?:

3 Death Benefit

The CWU currently pays a death benefit to your beneficiary. Please provide details of who should receive it.

Name:	Address:	
		Postcode:

4 Declaration

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 £ 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.

Signature - BY EMAIL -	Date:
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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 F **Do you have a disability?** Yes No

To which ethnic group do you consider you belong?

White UK	<input type="checkbox"/>	Black UK	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White European	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Asian UK	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other (specify)	
White Other	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	<input type="text"/>	

Data protection If you complete this form the CWU will store and process your data in accordance with our Data Protection Policy and in keeping with the Data Protection Act 1998. The CWU occasionally supplies information to other reputable organisations and may keep you informed about products and services that may be of interest to you. Please tick the box if you **do not** want your data to be used in this way

Branch Use Only

Branch Code

Constituency

Date Received

Head Office Use Only

Membership Number