

MEMBERSHIP FORM

SECTION 1 -

PERSONAL DETAILS

Title: _____ First Name: _____ Surname: _____

SECTION 2 -

ADDRESS AND CONTACT DETAILS

House/Flat Number: _____ Address: _____

Town: _____ County: _____

Postcode: _____ Mobile: _____ Personal Email: _____

SECTION 3 -

YOUR EMPLOYMENT DETAILS

Staff Number: Office Location: _____

Grade: _____ Work Mobile: _____

Directorate: _____ *If applicable*
Directorate Section (e.g. Local Compliance - Mid Size): _____

SECTION 4 -

SUBSCRIPTION RATES | Please tick which you require:

Over £26,000 **£12.80**
 £22,001 - £24,000 **£11.00**
 £18,001 - £20,000 **£9.00**
 Below £16,000 **£6.00**
 £26,000 - £24,001 **£12.00**
 £22,000 - £20,001 **£10.00**
 £16,000 - £18,000 **£8.00**
 Associate Member **£6.00**

Subscriptions will start from the beginning of the next calendar month after the full completion of this form and will be taken from your account on the 1st of each month. Your continued membership of the RCTU requires that you update your membership record with any changes to your pay or your account details.

SECTION 5 -

RCTU MEMBERSHIP CONDITIONS

Date of form completion: / /

I am applying for membership of the RCTU. I agree to join the RCTU and abide by the Rules of the RCTU. I agree to set up a Direct Debit which will be taken on the 1st of each month and agree that this amount may be varied by the RCTU but only with at least one month's notice.

Failure to complete the direct debit form will render this application invalid.

Please note that the RCTU has appointed the BACS Approved Direct Debit Bureau, Eazy Collect Services Ltd (www.eazycollect.co.uk) to collect your payments and RCTU will be shown on your Bank Statement.

Check here to acknowledge you have read and understand all of the above conditions and the information detailed above is true and correct.



MEMBERSHIP FORM *(continued...)*

SECTION 6 -

DEATH BENEFIT NOMINEE

RCTU membership pays a death benefit of £2000.00 to your nominee.

Title:	First Name:	Surname:
<hr/>		
House/Flat Number:	Address:	
<hr/>		
	Town:	County:
<hr/>		
Postcode:	Mobile:	Personal Email:
<hr/>		

IMPORTANT: You are strongly advised to ensure these details are correct at all times.

INSTRUCTIONS TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

PLEASE RETURN COMPLETED FORMS TO:

R&C Trade Union, 1st Floor, 515 Prescott Road, Liverpool L13 3 BU

Eazy Collect Re R&C Trade Union - www.eazycollect.co.uk
1 Tebbit Mews, Winchcombe Street, Cheltenham, Glos. GL52 5NF

Name of Account Holder(s)

Service User Number:

4	4	3	2	0	1
---	---	---	---	---	---



Bank / Building Society Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Bank Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Name of your Bank or Building Society

Address of your Bank or Building Society

Instruction to your Bank or Building Society

Please pay Eazy Collect Re R&C Trade Union 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 Eazy Collect Re R&C Trade Union and, if so, details will be passed electronically to my Bank or Building Society.

Account Holder (s) Signature (s)

Date

Banks and Building Societies may not accept Direct Debit instructions for some type of accounts

This Guarantee should be detached and retained by the payer

THE DIRECT DEBIT GUARANTEE

- 1) This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- 2) If there are any changes to the amount, date or frequency of your Direct Debit Eazy Collect Re R&C Trade Union will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Eazy Collect Re R&C Trade Union to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- 3) If an error is made in the payment of your Direct Debit, by Eazy Collect Re R&C Trade Union 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 Eazy Collect Re R&C Trade Union asks you to.
- 4) 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.



EQUALITY MONITORING FORM

PERSONAL DETAILS

There is **NO** mandatory requirement for this form to be completed to allow you to proceed with your RCTU membership. You are requested and encouraged to complete this form.

INFORMATION

- (i) The data collected here may be used in an anonymous format by the respective RCTU advisory committees and RCTU officers and only where the data is applicable, and only for, equal opportunity monitoring purposes.
- (ii) It may also, and only with your express permission, be used by the said committees / officers for confidential contact reasons and only without reference to anyone else for the purpose of furthering opportunity for all .
- (iii) This information will be kept secure and in total compliance with all data protection legislation.
- (iv) It may be amended, at any time, by you.

Please check this box if you **WOULD NOT** wish to be contacted as per (ii) above - in which case the RCTU will never use the data for such a purpose.

ETHNIC ORIGIN

I would describe my ethnic origin as:

- | | | |
|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> Mixed – White and Black Caribbean |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Black or Black British – African | <input type="checkbox"/> Mixed - White and Black African |
| <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Other Black background* | <input type="checkbox"/> Other Mixed background* |
| <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Ethnic background* |
| <input type="checkbox"/> Other Asian background* | <input type="checkbox"/> Mixed – White and Asian | <input type="checkbox"/> Prefer not to say |

*Please specify:

NATIONALITY

What is your Nationality?

RELIGION / BELIEF

Which group do you most identify with?

- | | | |
|--------------------------------------|---------------------------------|--|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Baha'i | <input type="checkbox"/> Jain | <input type="checkbox"/> Other* |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | |

*Please specify:



EQUALITY MONITORING FORM *(continued...)*

SEXUAL ORIENTATION

Which of the following best describes you?

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Gay Man | <input type="checkbox"/> Lesbian/Gay Woman | |

MARITAL STATUS

Are you?

- | | | |
|---|---|--|
| <input type="checkbox"/> Married/ Civil partnered | <input type="checkbox"/> Single (never married) | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Separated / divorced | <input type="checkbox"/> Widowed | <input type="checkbox"/> Other* |

*Please specify:

GENDER

Are you?

- | | | | | |
|-------------------------------|---------------------------------|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|-------------------------------|---------------------------------|------------------------------|-----------------------------|--|

DO YOU IDENTIFY AS TRANS?

DISABILITY

Under the Equality Act 2010 the definition of the protected characteristic of disability is: "a person has a disability if s/he has a physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities".

Do you consider yourself to be disabled as described to the left?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

If yes, please tick the type of impairment which applies to you (you may tick more than one type):

- | | | |
|---|--|---|
| <input type="checkbox"/> Specific learning disability, such as dyslexia or dyspraxia | <input type="checkbox"/> Long standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy | <input type="checkbox"/> Deaf or serious hearing impairment |
| <input type="checkbox"/> General learning disability, such as Down's syndrome | <input type="checkbox"/> Mental health condition, such as depression or schizophrenia | <input type="checkbox"/> Blind or serious visual impairment |
| <input type="checkbox"/> Cognitive impairment, such as autistic spectrum disorder or resulting from head injury | <input type="checkbox"/> Physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches | <input type="checkbox"/> Other type of disability |

AGE

Date of Birth:

Age:
