

YOUR PERSONAL DETAILS

CJWU Membership Application Form

Head Office: Orchard House, 5 Saxon Avenue, Minster on Sea, Sheerness ME12 2RP

Title:	Surname	Forenames(s):
Home Address:		Post Code:
Personal email address:		Work email address:
Work Address:		Post Code:

Job Title/Grade

Employer

Date of Birth ___/___/___

I undertake to inform the Union of any change to the above details. * Please tick the box

DATA PROTECTION

Information you have provided will be held by the CJWU who; are the data controller. The CJWU will use your personal information to process your membership. By signing this form, you have given us your consent to process your personal information.

Sharing your personal information: Your bank details will only be sent to our bank in order to collect your membership subscription. We will only share your contact details with approved CJWU providers who offer products and services as part of your membership.

ACCESS TO YOUR INFORMATION AND CORRECTION

We want to make sure that your personal information is accurate and up to date. You may ask us to correct or remove information you think is inaccurate. You can write to us on the address above or email infor@cjwunion.co.uk or phone us on **01795 873341**. For more information explaining how we use your personal information, please see our privacy statement on our website www.cjwunion.co.uk.

Declaration

I understand and agree that any litigation be it Civil or Criminal which may arise from any source whatsoever prior to acceptance of this application for membership, cannot be a matter covered by the Legal Aid facilities of the CJWU. All information contained within this application is to the best of my knowledge correct. Further, I accept and agree that should I gain membership having made any false statements or declaration it will result in my immediate removal/exclusion from the CJWU. I accept and agree that whilst in membership I will always abide by the Rules and Constitution of the union.

Applicants Signature

Date ___/___/___

DEATH BENEFIT NOMINATION

(The person entitled to death benefit will be the person nominated by the member. In default of nomination the benefit will be paid to the deceased's next of kin). I nominate the following person(s) to receive Death Benefit (unless I remarry)*

Name(s) (Print Clearly)

Relationship of nominee to you: (Friend, Relative, Partner etc)

Applicants Signature(s):

BANK DETAILS

Instructions to your bank or Building Society to pay by Direct Debit

Name(s) of account holder(s) BLOCK CAPITALS PLEASE

Name and full postal address of your Bank or Building Society

To the Manager	Bank/Building Society
Address:	
Post Code:	



Bank/Building Society account number

Branch Sort Code

Instruction to your Bank/Building Society

Please pay the Criminal Justice Workers Union (CJWU) Direct Debits from the account detailed in the instruction subject to the safeguards assured by the Direct Debit guarantee. I understand that this instruction may remain with the CJWU and, if so, details will be passed electronically to my Bank/Building Society.

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 the CJWU will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the CJWU 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 CJWU 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 CJWU 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.

Account holders Signature(s):

Date:

Date: