

PLEASE FILL OUT IN BLOCK CAPITALS

(Deduction at source only)



NOTIFICATION OF PROMOTION TO EXECUTIVE OFFICER

To be used solely by an existing Fórsa member transferring to a new employment/payroll section

Personal Details

(Include name as registered with your employer ie name on payslip)

Surname:

First name(s):

Also known as:
(If different from above)

Date of Birth:

Address:

.....

.....

Eircode:

Membership Number (If known):

Daytime phone number:

Mobile number:

Email:
(Preferably personal and not workplace email AND IN BLOCK CAPITALS)

Union Branch (Do not use abbreviation)

Name of previous branch:

Name of new branch:
(If different from above)

New Grade/Employment

Employer:

Department/Section:

Payroll/Employee/Staff Number:

Grade/Job Category:

Date Commenced:

Workplace Address:

.....

.....

Eircode:

Previous Employment Details

Employer:

Address :

.....

Eircode:

Payroll/Employee/Staff Number:

Please Note: A change from CO to another grade will require you to change your income protection membership this is your responsibility.

I hereby apply for membership of Fórsa 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: X X Date:

**Please check that you have fully completed and signed this form. Then return it to:
Membership Applications, Fórsa, Nerney's Court, Dublin D01 R2C5.**

AUTHORISATION FOR EMPLOYER TO DEDUCT UNION SUBSCRIPTIONS



To: (Name of employer)

Please deduct the Fórsa union subscription, at the rate determined from time to time in accordance with the rules of the union, from my salary/wages and to pay this amount to Fórsa on my behalf. Please commence this deduction as soon as possible and continue it until further written or electronic notice either from me or Fórsa, as appropriate.

I further request you to reinstate the deduction of my union subscriptions to Fórsa following any period of career break or any other unpaid absence from work. I also authorise you to provide to Fórsa for use by it in connection with my union membership, in paper or electronic format, details of these deductions, together with updates of the personal and employment related data set out in the Fórsa membership application form.

I am paid (Please tick appropriate box) Weekly Fortnightly Monthly Other

Surname: First name(s):

Payroll/Employee/Staff Number: Grade/Job Category:

SIGNED: X X Date:

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

To be completed by the branch

Members name:

Branch: Date approved:

The above named has been approved as a member by the above branch.

Signed: Branch Position: Phone number:

For Fórsa head office use

Date deduction mandate form sent to employer:

Processed by: Date:



Data Protection

Fórsa is committed to processing personal data in accordance with the requirements of data protection legislation, namely the EU General Data Protection Regulation (GDPR) and Irish Data Protection Act 2018, and aims to maintain consistently high standards in protecting and securing all of your personal information. Our Privacy Statement can be viewed at www.forsa.ie.