

# SAY YES TO SECURITY AT WORK

**GMB**

**GMB@WORK**

As a GMB member you are much more **secure** at work because you are part of an **effective** union of 610,000 members. Whether you work full-time or part-time—what ever job you do—GMB can **help** you.

## HOW DO I JOIN?

Just fill in parts 1, 2 and 3 in the form below and hand it to your local GMB representative or post it to Freepost RTJU-JTAY-YUKC, GMB ,542 Woodborough Road, NOTTINGHAM, NG3 5FJ

## JOIN ONLINE AT

[www.gmb.org.uk/join](http://www.gmb.org.uk/join)

If you have any questions call GMB on

**0115 960 7171**

or email [midland.membership@gmb.org.uk](mailto:midland.membership@gmb.org.uk)

**FOR UNION USE ONLY** Section      Branch No      Membership No      Date of of joining

## GMB membership application form PLEASE USE BLOCK CAPITALS

### 1 TELL US ABOUT YOU

Surname	<input type="text"/>	First name	<input type="text"/>	Title	<input type="text" value="Mrs/Miss/Ms/Mr"/>	Date of birth	<input type="text"/>
Home address	<input type="text"/>		Home Tel	<input type="text"/>	Mobile	<input type="text"/>	
	<input type="text" value="Postcode"/>		Email	<input type="text"/>			
I agree to abide by GMB rules	Signature	<input type="text"/>	Date	<input type="text"/>			

We ask for your ethnic origins as part of our equal opportunities policy of improving services to all members. Please indicate below  
Bangladeshi / Black African / Black Caribbean / Black British/ Chinese/ Indian / Irish/Pakistani / White/ Other

### 2 TELL US ABOUT YOUR JOB

Employer	<input type="text"/>	Your job	<input type="text"/>	
Address where you work	<input type="text"/>		How many hours a week to you work?	<input type="text"/>
	<input type="text" value="Postcode"/>		Pay number	<input type="text"/>
			Work telephone	<input type="text"/>

### 3 AUTHORISATION OF DEDUCTION OF YOUR TRADE UNION CONTRIBUTIONS FROM YOUR PAY

*Section 68; Trade Union and Labour Relations (Consolidated) Act 1992 as amended*

I authorise my employer to deduct from my pay each week/month the sum of

£

or other amount as may be fixed by the GMB from time to time

**• Please start the deductions immediately and pay the amounts to the GMB**

**• I note that this agreement may be cancelled by one months notice in writing**

**• I give permission to my employer to notify the GMB of any future change of address**

Signature	<input type="text"/>
Date	<input type="text"/>