



RETENTION AND UPDATE FORM

FOR UNION USE ONLY

Section

Branch No

Membership No

Date of joining

1. PERSONAL DETAILS

Surname First Name Title Mrs/Miss/Ms/Mr Date of Birth

Home address Home Tel Mobile

Email National Ins No.

Date I agree to abide by GMB rules* Signature

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

* The GMB Rulebook is available online at www.gmb.org.uk or via your GMB office

2. YOUR EMPLOYMENT DETAILS

To ensure that the service you receive is up to the standards you expect please include as much information as possible regarding your employment.

Employer Job Title

Address where you work Department

Postcode Pay No.

Work Tel How many hours a week do you work? Pay Date

Please tick the appropriate box to indicate how often you are paid
 Weekly Fortnightly Four Weekly Monthly

3. WHAT YOU PAY

Rates as from October 1st, 2014.

PLEASE SELECT ONE RATE ONLY

STANDARD RATES

Grade 1 Full-time (working more than 20 hours per week)
£2.80 per week or £12.14 per month

Grade 2 Part-time (working between 10 and 20 hours per week)
£1.65 per week or £7.15 per month

Working 10 hours or less per week
95p per week or £4.12 per month

Apprentice Rate £2.00 per month **Non Working Student** £1.00 per month

ALTERNATIVE RATES

I am unemployed and wish to pay the reduced rate*.
*you must have paid a minimum of 12 months contributions to be eligible to pay the reduced rate.

I am on maternity leave and wish to pay the reduced rate**.
** you must have paid a minimum of 12 months contributions and your pay substantially reduced to be eligible to pay the reduced rate on maternity leave.

I am on sick leave and wish to pay the reduced rate**.
** you must have paid a minimum of 12 months contributions and your pay substantially reduced to be eligible to pay the reduced rate on sick leave.

I have retired from work and wish to pay RETIRED LIFE MEMBERSHIP**.
** Please enclose a cheque for £40 made payable to 'GMB'

ADDITIONAL PROTECTION?

Ticking either box below confirms that you require more information - you will NOT automatically join that society

Road Traffic Fund Sick & Accident Society

If paying your contributions by direct debit, which date would you prefer your payment to be taken on: 1st 15th 28th

NOTE: Payment will be taken on this date or within 3 working days thereafter.

4. INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT



Please return to: FREEPOST RTJZ-AEZK-HSXZ, GMB Northern, 1 Mosley Street, Newcastle upon Tyne NE1 1YE

Name and full postal address of your Bank or Building Society branch

Service User Number

9 7 4 3 3 0

To the Manager of Bank/Building Society

Address

Postcode

Name(s) of account holder(s)

Bank/Building Society Account Number

Bank/Building Society Sort Code

Reference number (Office use only)

For GMB official use only. This is not part of the instruction to your Bank/Building Society.
If your A/C number is not available fill in your address below.

Instructions to your Bank or Building Society.
Please pay GMB Direct Debits 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 GMB and, if so, details will be passed electronically to my Bank/Building Society

Signature(s)

Date

Banks or Building Societies may not accept instructions for some types of account