



MEMBERSHIP APPLICATION

For the Guild of Healthcare Pharmacists Section of Unite

Please complete all questions and use BLOCK CAPITALS



About you

Surname: _____ First name: _____
 Initials: _____ Male/female: _____
 Date of Birth: _____
 Home Address: _____

 _____ Postcode: _____
 email address: _____

Your Employer

Employers full name: _____
 Employers full address: _____
 _____ Postcode: _____
 Place of employment: _____
 Department: _____

Are you earning less than £195.00 gross per week No Yes
 Are you under 20 years of age No Yes

Your previous union membership

Have you been a member of a union before? No Yes
 If so, which one? _____

Your payment for GHP/UNITE membership

You can pay for your subscription by direct debit using this form. Payment may also be by deduction from payroll, credit card, cheque or standing order (if you wish to pay by any of these methods ask your accredited representative for an appropriate application form).

I wish to pay my GHP/Unite membership by: _____

Your GHP/Unite membership

I apply to become a member of Unite. If accepted, I undertake to observe Unite rules.

Signature: _____ Date: _____

Equal opportunities

We have a strong commitment to equal opportunities. To help us monitor our work, please complete these questions:

Do you regard yourself as a person with a disability? No Yes

Which broad ethnic group do you belong to?

White Afro-Caribbean Asian Other (please specify) _____

For official use only

Branch name: _____ Branch No: _____ Job Code: **65**
 Group no: _____ Subs category: _____ PF: _____ Employer no: _____

Membership no:

Instruction to your Bank/Building Society to pay by Direct Debit



Please fill in the whole form including official use box using a ball point pen and send to:-

**COLIN RODDEN,
 PHARMACY DEPARTMENT
 WESTERN INFIRMARY
 DUMBARTON ROAD,
 GLASGOW G11 6NT**

Name(s) of account holder(s)

Bank/Building Society Account number

Branch Sort Code

To: The manager

 Bank/building society

 Address

 Postcode

Reference number (UNITE Membership number) :

Banks/Building Societies may refuse to accept instructions to pay direct debits from some types of accounts.

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payment dates change, **Unite** will notify you **10** working days in advance of your account being debited or as otherwise agreed.

If an error is made by **Unite** or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to **Unite**.

Originators Identification Number

9 8 5 9 9 2

FOR UNITE OFFICIAL USE ONLY
 This is not part of the instruction to your Bank or Building Society

I wish to pay the sum of £

Annually Half yearly
 Quarterly Monthly

My preferred payment date is
 (ie 05 for fifth day of month)

Month commencing

Instruction to your Bank/Building Society

Please pay UNITE 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 UNITE and, if so, details will be passed electronically to my Bank/Building Society.

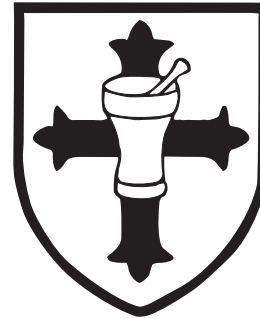
Signature(s) _____

 Date _____

After completion, please return your completed application form AND method of payment form to :

**COLIN RODDEN, PHARMACY DEPARTMENT
WESTERN INFIRMARY,
CHURCH STREET, GLASGOW G11 6NT**

and not to your bank/building society.



*The Guild
of
Healthcare Pharmacists*

“The voice of hospital pharmacy”

Join us!

