



MEMBERSHIP FORM

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Stamp
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SUBMIT ONLINE



Please fold on the blue dotted line above, so that the return address is facing outwards and seal edges carefully

ABOUT YOU

Title: Mr / Mrs / Miss / Ms Sex: Male / Female
 Surname: Forename:
 NI Number: DOB: / /
 House No./Name:
 Street:
 City/Town:
 Post Code: -
 Home Tel: Mobile No:
 Email:

YOUR JOB

Employer/Company Name:.....

 Job Title:
 Work Address:

 Post Code: -
 Work Tel:

PREVIOUS UNION MEMBERSHIPS

Are you or have you been a member of a trade union (including CCU).

Yes No

If yes, please give the name of the union and date of last payment:

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EQUAL OPPORTUNITIES

Cabin Crew Union provides equal opportunities to all its members without regard to race, colour, religion, sex, national origin, age, disability or sexuality. Which ethnic group do you belong to? If you do not wish to complete this, then please skip to the next section.

Please tick:

White British	<input type="checkbox"/>	Mixed Other	<input type="checkbox"/>	Black or Black British Caribbean	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British Indian	<input type="checkbox"/>	Black or Black British African	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Asian or Asian British Pakistani	<input type="checkbox"/>	Black or Black British Other	<input type="checkbox"/>
Mixed White & Black Caribbean	<input type="checkbox"/>	Asian or Asian British Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed White & Black African	<input type="checkbox"/>	Asian or Asian British Other	<input type="checkbox"/>	Mixed White or Other	<input type="checkbox"/>

Other/please specify:

Please fill in the form, scan it and send it by email to the National Membership Secretary, or sign up online NOW.

DIRECT DEBIT (Instructions to your Bank or Building Society to pay by Direct Debit)



Name of bank/building society:

Town of the bank:

Sort Code: / / Account Number:

Name(s) of account holders:

Instruction to your Bank or Building Society

Please pay Cabin Crew Union Direct Debit monthly 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 Cabin Crew Union and, if so, details will be passed electronically to my Bank / Building Society.

CONTRACT TYPE & MEMBERSHIP COST (please tick)

Full Time Permanent	<input type="checkbox"/>
Part Time 75% Permanent	<input type="checkbox"/>
Part Time 50% Permanent	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

PLEASE READ THE DATA PROTECTION NOTICE

You have the right at any time to stop us using your details for third party marketing purposes. If you do not wish us to communicate with you or share your contact data for these purposes, please tick here . Please note this will preclude you from receiving any special offers or promotions.

When you join, you are authorising Cabin Crew Union to deduct the monthly membership fee. (Full details of what this includes can be found on the attached leaflet)

I agree to abide by the unions rules. I authorise the payment above.

Signature: Date: / /