

CWU Retired Associate Membership Form

**1 You** To join the CWU as a Retired Associate member please complete the details below and email it to [membership@cwu.org](mailto:membership@cwu.org)

Surname:	Forename(s):	Title:
Home Address:		
		Postcode:
Date of Birth:	N.I. Number:	Home Tel:
Mobile:	Email:	

**2 Direct Debit Mandate** INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY **MONTHLY** BY DIRECT DEBIT  
*Please pay the Communication Workers Union 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 the Communication Workers Union and, if so, details will be passed electronically to my Bank/Building Society.*

Date: / /	Originator's ID No: 853129
To the manager:	Bank/Building Society Name:
Bank/Building Society Address:	
	Postcode:
Bank/Building Society Account No:	
Branch Sort Code:	
Name(s) of Account Holder(s):	

This guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit the Communication Workers Union (CWU) will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the CWU to collect a payment, confirmation of the amount and date will be given to you at the time of the request. If an error is made in the payment of your Direct Debit by CWU or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when the CWU asks you to. You can cancel a Direct Debit at any time by contacting your bank or building society. Written confirmation may be required. Please also notify us.

Please note that it is your responsibility to inform CWU HQ Membership Department of any changes to your details that you have previously advised.

**3 Declaration**

I wish to join the CWU as a Retired Associate Member and accept its rules. I understand that it is my responsibility to advise the Union of any change to these details. I authorise the Communication Workers Union to process the Direct Debit as detailed above.

Signature - BY EMAIL -	Date: / /
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**Equal opportunities** This information will be retained in confidence for statistical purposes and may be used by the union to advise you of any initiative in relation to diversity.

**Gender?** M ☐ F ☐ **Do you have a disability?** Yes ☐ No ☐

**To which ethnic group do you consider you belong?**

White UK	<input type="checkbox"/>	Black UK	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White European	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Asian UK	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other (specify)	
White Other	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>		

**Data protection** If you complete this form the CWU will store and process your data in accordance with our Data Protection Policy and in keeping with the Data Protection Act 1998. The CWU occasionally supplies information to other reputable organisations and may keep you informed about products and services that may be of interest to you. Please place an "X" in the box if you **do not** want your data to be used in this way ☐

Branch Use Only	Branch Code		Constituency		Date Received	
Head Office Use Only	Membership Number		Name			