

Please complete this form in BLOCK CAPITALS

### About you

Gender: Male  Female

Title: Mr  Ms  Mrs  Miss  Other

Forenames

Last name

Full home address

Postcode

Home telephone

Email

Mobile

Date of birth

PPS number (if known):

Have you ever been a member of a trade union?

No  TSSA

Other union  (please state which one)

Are you still paying subscriptions to that union?

Yes  No  If no, when did you leave?

### DATA PROTECTION

I accept that by signing this form the personal data provided by me in this application form (updated from time to time as appropriate) will be used in accordance with the data protection notice available on request and published regularly by the Association.

If you do not wish to receive third party mailings from TSSA accredited suppliers, please tick this box.

### About your work

What company do you work for?

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Where do you work?

Address

Postcode

Work phone number

What is your job title?

What is your job grade (if applicable)

Do you work full-time  or fewer than 26 hours a week?

Date joined current employer

Which address would you like us to use for correspondence

Home  Work

Please tell us who recruited you to TSSA

TSSA staff  TSSA staff rep  TSSA branch officer

Work colleague  Made contact myself  Other

I apply to join the Transport Salaried Staffs' Association at the appropriate subscription and will observe the rules of the Association.

Signed

Date

Please return form to:  
TSSA, Nerney's Court, off Temple Street, Dublin 1

### Equal opportunities

TSSA is committed to promoting equal opportunities. We want to make sure that our services meet your needs, so it is essential to monitor recruitment. Any information you give us in this section will remain strictly confidential and is not a requirement of membership.

What do you consider your race or ethnic origin to be (please indicate one)?

White  Asian  Black Caribbean

Black African  Traveller  Mixed ethnic group

Other (please specify)

Do you consider yourself to be a person with a disability?

Yes  No

If yes, then briefly state the nature of your disability

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Membership to date from w.e.

Inclusive accepted on

Branch

Organiser

CAT

TSSA Branch

Organiser

I.U.P. App + Ref

Paybill Deduction completed YES NO

Please complete and sign the Paybill deduction authority below

### Paybill deduction authority

Name

PPS number (if known)

Signature

Date

Department

Location

Address of paybill office

Full rate/Part rate (Delete as appropriate)

I hereby authorise and request you to deduct at the end of each pay period out of the salary earned by me or sick pay payable to me the standard subscription payable by me in respect of the same period to the Transport Salaried Staffs' Association and pay it to the said Association.

The Authority shall continue until terminated by me giving to the Company not less than a pay period's notice in writing expiring on a pay date and until such termination the Company may continue to pay the standard contribution to the said Association.

THIS ACKNOWLEDGEMENT WILL BE COMPLETED BY YOUR EMPLOYER AND RETURNED TO YOU

### ACKNOWLEDGEMENT

I acknowledge receipt of your completed Authorisation form dated

arrangements will be made for your contribution to be deducted from your salary on or after

and to paid to the Association

### EMPLOYER'S AUTHORISED OFFICER

Signature

Department

Location

TSSA branch

Transport Salaried Staffs' Association  
Nerney's Court, off Temple Street, Dublin 1