



The Fire Brigades Union MEMBERSHIP APPLICATION

Bradley House, 68 Coombe Road, Kingston Upon Thames, Surrey, KT2 7AE
Tel: 020 8541 1765 Fax: 020 8546 5187

Please use BLOCK CAPITALS where appropriate

Payroll Number	<input type="text"/>	(Will be found on payslip)
Brigade/Authority	<input type="text"/>	
Surname	<input type="text"/>	
Forename(s)	<input type="text"/>	
Title	<input type="text"/> Mr <input type="text"/> Mrs <input type="text"/> Miss <input type="text"/> Ms <input type="text"/>	Gender <input type="text"/> M <input type="text"/> F <input type="text"/>
Address	<input type="text"/>	
Postcode	<input type="text"/>	
Telephone Nos.	<input type="text"/>	<input type="text"/>
e-mail address	<input type="text"/>	
Date of Birth	<input type="text"/> DD <input type="text"/> <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/>	
National Insurance Number	<input type="text"/>	<input type="text"/>

Are you disabled/registered disabled? (Please tick) No Yes (If yes, please give details below)

If you are currently, or have been, a member of the FBU, please give details in the box below (Brigade/F&RS Name, Branch and date membership ceased - if applicable).

If you are currently, or have been, a member of another Trade Union, please give details in the box below (Union name and date membership ceased - if applicable). The F.B.U. Rules provide that agreement for membership of the F.B.U. will be sought if you have recently been, or are a current member of another Union.

Proposed by	<input type="text"/>
Signature	-----
Seconded by	<input type="text"/>
Signature	-----

Ethnicity

Please indicate your ethnic origin

Asian Bangladeshi
Asian Indian
Asian Pakistani
Asian Other
Black African
Black Caribbean

Black Other
Chinese
Mixed Origin
Other
White European
White Other

Accident, Injury and Death Benefit Fund

The Fire Brigades Union recognises that members are often placed at risk of injury or illness that may render them unable to perform full Fire Service duties, and therefore impact on their income. The Accident and Injury Fund is a mutual fund, maintained by members' contributions, that was established to pay benefits to members who may be in need of financial assistance. For full details of benefits, contributions, and what is required for eligibility for payment of benefits, please refer to the F.B.U. Rules.

To become a member of the Accident and Injury Fund, please submit the appropriate application form.

Please indicate your intention below:

Currently, I do NOT wish to become a member of the A.I.F.

I wish to become a member of the A.I.F.

(Separate application form required)

I agree, in the event of being admitted as a member of the Fire Brigades Union, that I will abide by its rules, regulations and policies and such amendments as may be made in accordance with its constitution.

Signature & Date (DD,MM,YYYY) _____

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This form must be returned to the Brigade Membership Secretary upon completion (not FBU Head Office)

Data Protection Statement: The Fire Brigades Union holds personal data about members. This is used provide members with the benefits and services to which they are entitled under the Fire Brigades Union Rules, and provide information about other benefits and services which may be of interest. It may be used for statistical or other purposes relating to administration of the Union. Membership records are processed in accordance with data protection legislation.

Brigade Membership Secretary Use (ONLY)

This application is for a Fire Service employee who is (please tick):

Firefighter (Wholetime) Firefighter (RDS) Firefighter (Volunteer) Firefighter (Control) Firefighter (Officer)

County Treasurer Informed

F.B.U. Membership Department Use (ONLY)

Membership Number

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Accident and Injury Fund Member?

No Intention at present

Yes Immediate intention

Check Off

Direct Debit

Image

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Film

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