



Fire Brigades Union
Head Office
Bradley House
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Kingston-upon-Thames
Surrey KT2 7AE
020 8541 1765
office@fbu.org.uk

Please use BLOCK CAPITALS where appropriate

I am applying for the first time ☐ I am applying to re-join ☐ I have previously been expelled ☐

[illegible]

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

Please indicate your ethnic origin

Asian Bangladeshi	☐	Black African	☐	Mixed Origin	☐
Asian Indian	☐	Black Caribbean	☐	Other	☐
Asian Pakistani	☐	Black Other	☐	White European	☐
Asian Other	☐	Chinese	☐	White Other	☐

If you have previously been a member of the FBU, please give details:

FRS Branch Date Membership Ceased
(if applicable)

If you are currently, or have been a member of another Trade Union, please give details.

The FBU rules provide that agreement for membership of the FBU will be sought if you have recently been, or are a current member of another Union.

Name of Union Date membership ceased

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. **Applicants are strongly advised to join.**

I wish to become a member of the AIF (see separate form) ☐

Currently I do not wish to become a member of the AIF ☐

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

Signature _____ Date (DD,MM,YYYY)

On completion, applicants should give the form to one of the branch FBU officials at your workplace.

Proposed by

Signature _____

Seconded by

Signature _____

Branch Official

Signature _____

Once agreed by the branch committee, the completed application form (with the completed AIF form) should be sent to the brigade committee by the **BRANCH OFFICIAL**.

Brigade Committee endorsement (for re-join applications only)

Name

Signature _____

Rejoin Fee (in accordance with rule B(1) (iv)) £ -

If an applicant has previously been expelled from the union, the brigade secretary should forward the application to their Regional Secretary copying in their EC member.

For Membership Department Use ONLY

Membership Number AIF: Yes ☐ No ☐

Check Off ☐ Direct Debit ☐