

MEMBERSHIP APPLICATION FORM



NORTHERN IRELAND ONLY
ALL OTHER BRIGADES TO COMPLETE AN APPLICATION ON THE FBU WEBSITE

PLEASE USE BLOCK CAPITALS WHERE APPROPRIATE

SECTION ONE

Surname

Forename(s)

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other Gender Male ☐ Female ☐

Ballot Address

Postcode

Home number

Mobile number

Home email address

Date of birth

National Insurance Number

Are you registered disabled? Yes ☐ No ☐

Please give details

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	☐

SECTION TWO

FRS/Brigade

Payroll Number

Station

Role/Rank

WT (inc. Day Crewing) ☐ Retained ☐ Control ☐ Volunteer ☐ Apprentice ☐ Green Book ☐

Salary £

Job share? Yes ☐ No ☐

SECTION THREE – AIF 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. **APPLICANTS ARE STRONGLY ADVISED TO JOIN.**

I wish to become a member of the AIF ☐

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

Have you ever been a member of the FBU Accident and Injury Fund? Yes ☐ No ☐

NOMINATIONS: The law allows a certain amount of Union Member death benefit to be paid out to nominated persons (over the age of 16) immediately following the member's death. The remainder of the benefit is paid (in accordance with Will or Intestacy rules) when probate, or equivalent, has been granted. Please note that marriage revokes all nominations. It is advisable to periodically review the nominations to account for changes in circumstances.

I hereby nominate the following persons to receive death benefits as allowed by law:

Full Name	
Address	
Postcode	
Relationship to applicant (e.g. partner), and share of benefit payment	%

Full Name	
Address	
Postcode	
Relationship to applicant (e.g. partner), and share of benefit payment	%

Full Name	
Address	
Postcode	
Relationship to applicant (e.g. partner), and share of benefit payment	%

Full Name	
Address	
Postcode	
Relationship to applicant (e.g. partner), and share of benefit payment	%

(If nominating more than four persons, please use the Variation of Nomination form and attach)

I am, or have applied to be, an Ordinary member of the Fire Brigades Union, and wish to become a member of the Accident and Injury Fund. I understand that it is my responsibility to be familiar with the FBU Rule(s) that govern(s) the Fund.

SECTION FOUR – POLITICAL FUND/DECLARATION

The FBU's political fund enables the FBU to campaign on workplace issues including union and employment rights, pay and pensions, improved health and safety legislation and the defence of public services.

Do you wish to contribute to our political fund?

Yes

☐

No

☐

I hereby give notice that I am willing and agree to contribute to the political fund of the Fire Brigades Union in accordance with Section 11 of the Trade Union Act 2016. I understand that I shall in consequence, be liable to that Fund and shall continue to be so liable unless I give notice of withdrawal by delivery to Head Office or a Branch Office of the union. I understand that my withdrawal notice takes effect at the end of the period of one month beginning with the day on which it is given.

SECTION FIVE – USING YOUR PERSONAL INFORMATION

The Fire Brigades Union uses the information you provide on this membership application form to comply with our rule book and to provide you with the benefits and services of membership. We use the information to organise and carry out our activities as a trade union. For more information read the privacy statement for members www.fbu.org.uk/privacy

The Fire Brigades Union's data protection officer can be contacted at DPO@fbu.org.uk for further information or to raise any concerns.

I would like to receive:

Yes

No

Firefighter magazine

This magazine gives you news and information that might affect you as a member. If you decide you do not want Firefighter magazine we will not send it to you. It will not affect your membership but you might find it more difficult to know what is going on.

☐☐

Rollcall (electronic magazine)

This is another way of getting news and information of interest to firefighters. If you decide you do not want Rollcall we will not send it to you. It will not affect your membership but you might find it more difficult to know what is going on.

☐☐

Third party marketing

Agreeing to third party marketing allows the Fire Brigades Union to provide your name and address to third parties who will mail you with information about products and services. If you decide that you do not want third party marketing information it will not affect your membership or activity within the Fire Brigades Union. You can tell us that you do not want to have any third party marketing at any time by contacting membership@fbu.org.uk and we will make sure that you are not sent further marketing material

☐☐

SECTION SIX

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

FRS

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Date membership ceased

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	Number of Members	Percentage of Total Membership
...	...	...

Date membership ceased

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

X

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Date _____

D	D	M	M	Y	Y	Y	Y
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Proposed by[illegible]**Membership Number**

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Signature

Seconded by

[illegible]**Membership Number**

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Signature

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

Brigade Committee endorsement (for re-join applications only)

[illegible]

Signature

Rejoin Fee (in accordance with rule B(2) (iii)(iv))

£

For Membership Department Use ONLY

Membership Number								
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AIF: Yes ☐ No ☐

PF: Yes ☐ No ☐