

MEMBERSHIP APPLICATION FORM

(Please fill in or tick, as appropriate)

** Optional Information*

FIRST NAME(S)

LAST NAME

ACADEMIC TITLE (not deriving from 'Grade' below, e.g. 'Dr' etc)

*AGE

SEX: Male Female

NAME OF INSTITUTION

WHEN DID YOU JOIN THIS INSTITUTION?

IN WHAT GRADE?

NAME OF DEPT./SCHOOL/CENTRE/ INSTITUTE etc.

WORK TELEPHONE

E-MAIL ADDRESS

FAX

CURRENT GRADE (If different from above)

SCALE POINT (If uncertain, leave blank.)

JOB TITLE (if different from 'Grade', e.g. 'Director of x')

JOB STANDING :

FULL-TIME

PART-TIME #

PERMANENT

TEMPORARY †

RETIRED

Usually reflected in being on a proportion of a full-time salary
† That is, in a contractual arrangement which is less than to age 65.

Have you currently any employment problem there?Yes/No

If 'Yes', please specify.....

Please state if you are a member of another union or were previously a member..... Yes/No

If 'Yes', please state:

Name of Union.....

Date of ceasing membership

AUTHORISATION FOR DEDUCTION OF SUBSCRIPTIONS

(Please use block letters)

Name.....

Home Address

I authorise..... [Institution of Employment] to deduct from my salary the appropriate amount of union contributions and to hand over such monies to the Irish Federation of University Teachers. The amount may be varied according to the rules of the union from time to time. This authority is to be valid for this and subsequent periods of employment. I accept that I must give one month's notice in writing to my union of any intention to withdraw from this scheme.

SIGNED..... Date..... Salary No. (if available).....

Please return Application and Authorisation to General Secretary, IFUT, 11 Merrion Square, Dublin 2 marked 'confidential.'

Tel: 661 0910 Fax: 661 0909

E-mail: ifut@eircom.net

Web: www.ifut.ie