

Please complete this IWW MEMBERSHIP APPLICATION form using BLOCK CAPITALS

Dues are paid according to earnings - please indicate which dues bracket you are in and preferred payment option.

Please make payment for monthly dues by Standing Order either monthly, quarterly or yearly. Cash, cheque or postal order payments are payable annually in January of each year.

Members joining after January only pay a portion - up to December of that year. In an extraordinary situation where a member cannot pay in one of the above ways, delegates may use their discretion and accept monthly payments by cash or cheque.

Monthly Income after tax	Monthly dues	Annual
£230 or less	£1	£12
£231 to £777	£2	£24
£778 to £1,343	£5	£60
£1,344 to £1,910	£10	£120
£1,911 to £2,477	£18	£206
£2,478 or more	1%	1%

Payment Details

Monthly Dues	£
Advance Years Dues (Jan - Dec)	£
Other Dues payment (portion/ discretionary)	£
- please state months paid	-
Donation	£
Will pay by monthly Direct Debit	
Total Enclosed	£

Please return this completed two sided form to your local delegate or send with payment to IWW, PO Box 7593, Glasgow, G42 2EX

FOR OFFICIAL USE ONLY

Delegate name		Delegate number	
New member name			
X number allocated		IU allocated	
SO form issued		Pack issued	
		Info entered in database	
Date joined		Date processed	
		All parts of form complete	
Other Info attached			

a union for all workers
the Industrial Workers of the World

IWW



an injury to one is an injury to all

IWW - application form

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First Name			
Last Name			
Street Address			
Address 1			
Address 2			
Town or City			
County/Postcode			
Telephone/Mobile			
E-Mail			

If a student / itinerant worker - living in temporary accomodation please provide additional contact postal address details where possible.

Gender	<input type="checkbox"/> male	<input type="checkbox"/>	<input type="checkbox"/> female	<input type="checkbox"/>	<input type="checkbox"/> other	<input type="checkbox"/>
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Do you consider yourself a disabled person?	<input type="checkbox"/> yes	<input type="checkbox"/>	<input type="checkbox"/> no	<input type="checkbox"/>
Do you require large print materials of publications?	<input type="checkbox"/> yes	<input type="checkbox"/>	<input type="checkbox"/> no	<input type="checkbox"/>
Please mention any other access requirements				

By default information and newsletters are sent to you via e-mail (this saves us resources)

Tick this box if you do not have an e-mail or wish to receive materials by post

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PLEASE NOTE - ALL INFORMATION ON THIS FORM WILL BE HELD AND SAFEGUARDED AS PER THE DATA PROTECTION ACT 1998

If a student, unemployed or retired - please state course of study, line of work training for / previously in.

Job Title / Occupation				
Job Description				
Employers Name				
Employers Address				
Contract type -	<input type="checkbox"/> agency	<input type="checkbox"/>	<input type="checkbox"/> fixed-term	<input type="checkbox"/>
	<input type="checkbox"/> permanent	<input type="checkbox"/>	<input type="checkbox"/> self-employed	<input type="checkbox"/>
Contract terms -	<input type="checkbox"/> full-time	<input type="checkbox"/>	<input type="checkbox"/> pro-rata part-time	<input type="checkbox"/>
	<input type="checkbox"/> variable hours	<input type="checkbox"/>	<input type="checkbox"/> hourly-paid	<input type="checkbox"/>

WE WELCOME MEMBERS OF OTHER UNIONS - WE WILL NOT DISCLOSE YOUR MEMBERSHIP OF OTHER UNIONS WITHOUT PERMISSION

Are you a member of any other Union (which ones)	
State any role held in that Union (e.g. shop steward)	
State any (Trade) Union Training completed	

Please mention any skills that may be of use to the IWW

I confirm that I am a worker and not an employer and will study the aims and constitution of the union.

Signed		Date	
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