

FDA membership application form

You can also join online at www.fda.org.uk/Joinus

PERSONAL INFORMATION

Title Forename(s)

Surname

Date of birth / /

Home address

Work address

Postcode

Postcode

Telephone

Telephone

Preferred correspondence address

Preferred correspondence address

*From time to time we are required to send information by post, please help us by keeping your preferred address up to date

Email

Email

Preferred email address

Preferred email address

EMPLOYMENT DETAILS

Full time Part time Fast stream* Grade 7 Grade 6 SCS Other (tick as appropriate)

Current salary** £

Job title

* If you are a Fast Streamer, please provide your start date in the box provided

**Please let us know your actual salary, as holding this data helps us to assess how future subscription changes might affect you and members like you. This information is completely confidential and will not be shared. FDA membership subscriptions are based on your annual salary amount, therefore this information is necessary to process your application

Name of employer (Dept, Agency etc)

PROFESSION

Accountant Administrator Barrister Diplomat Economist Financial General HR
 Legal Solicitor Statistician Other

FDA DETAILS

Have you previously been a member of the FDA or another trade union? Yes No

If yes, please state which union(s)

From time to time the FDA works with organisations that offer products and services which might be of interest to members.

Please tick here if you **DO NOT** want to receive information about these services.

Please tick here if you **DO NOT** want to receive a diary from the FDA

PLEASE FILL IN THE FORMS WITH A BALLPOINT PEN AND SEND TO:



Membership Department
FREEPOST RRHS-RJSR-BUTJ
FDA, 6th Floor, Elizabeth House
39 York Road
London SE1 7NQ

Please turn over

