

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

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 been a member of the FDA before? No Yes

HMRC ONLY (POLITICAL FUND)

All eligible staff in HMRC join the FDA through ARC, which has a political fund. The annual subscription includes an additional £3 for the fund.

- I live in GB (excluding Northern Ireland) and want to exempt myself from this payment
 I live in Northern Ireland and wish to include a payment of £3 for the political fund in my subscription (the legislation requires you to opt in rather than opt out)

ARC Centre (if known)

HMRC Directorate

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.

NORTHERN IRELAND ONLY

If you live or work in Northern Ireland are you or have you been a member of any other trade union?

Yes No

If so, please provide the name of the union below

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



Membership Department
FREEPOST RRHS-RJSR-BUTJ
FDA
8 Leake Street
SE1 7NN

Please turn over

FDA Equality Monitoring

Please fill in the details below by ticking the appropriate boxes

WHAT IS YOUR ETHNIC GROUP?

WHITE

- British Irish
 Any other White background

MIXED

- White and Black White and Black African
 White and Asian Any other mixed background

ASIAN OR ASIAN BRITISH

- Indian Pakistani
 Bangladeshi Any other Asian background

BLACK OR BLACK BRITISH

- Caribbean African
 Any other Black background

CHINESE

OTHER ETHNIC GROUP

- Chinese Any other

GENDER

- Male Female

SEXUAL ORIENTATION/IDENTITY

- Heterosexual Gay/Lesbian
 Bisexual Other Prefer not to say

RELIGION/BELIEF

- None Buddhist Christian
 Hindu Jewish Muslim
 Sikh Other

DISABILITY

The Equality Act 2010 defines a disabled person as someone with a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled, as defined by the Equality Act? Yes No

DECLARATION (MUST BE COMPLETED)

I declare to the best of my knowledge that the answers I have given to all questions on this application form are correct.
If my application is accepted I agree to abide by the rules of the union.

Signature

Date

Instruction to your Bank or Building Society to pay by Direct Debit

Please return form: Membership Department, FREEPOST RRHS-RJSR-BUTJ,
FDA, 8 Leake Street SE1 7NN

Service User Number

9 7 4 0 7 3



NAME AND FULL POSTAL ADDRESS OF YOUR BANK OR BUILDING SOCIETY

To The Manager

Bank/Building Society

Address

Postcode

Name(s) of Account Holders

Branch Sort Code

Bank/Building Society account number

Reference Number (for internal use only)

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY

Please pay FDA Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with FDA and, if so, details will be passed electronically to my Bank/Building Society.

Signature

Date

Banks and Building Societies may not accept Direct Debit Instructions for some type of accounts

This guarantee should be detached and retained by the Payer

THE DIRECT DEBIT GUARANTEE

This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit FDA will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the FDA to collect a payment, confirmation of the amount and date will be given to you at the time of the request. If an error is made in the payment of your Direct Debit by the FDA or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when the FDA asks you to. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

