

## NOTIFICATION OF CHANGE OF EMPLOYER

To be used solely by an existing Fórsa member transferring to a new employment/payroll section

### Personal Details

(Include name as used by your employer on your payslip)

**Surname:**

**First Name(s):**

**Also known as:**

(If different from above)

**Home/Contact Address**

**L1:**

**L2:**

**L3:**

**L4:**

**Eircode:**

**Membership Number:** (If known)

**Daytime phone number:**

**Mobile:**

**Email:**

**Union Branch** (Do not use abbreviation)

**Name of previous branch:**

**Name of new branch:**

(If different from above)

### New Employment Details (Do not use abbreviation)

**Employer:**

**Department/Section:**

**Workplace Address**

**L1:**

**L2:**

**L3:**

**L4:**

**Eircode:**

**Grade/Job category:**

**Date commenced:**

(dd/mm/yyyy)

**Payroll/Staff Number:**

**School Roll Number:** (If applicable)

### Previous Employer Details (Do not use abbreviation)

**Employer:**

**Workplace Address**

**L1:**

**L2:**

**L3:**

**Eircode:**

**Payroll/Staff Number:**

**School Roll Number:** (If applicable)

I hereby apply for membership of the Fórsa Trade Union. I undertake to abide by the Union rules and decisions taken in accordance with these rules. I confirm that the information provided above is correct to the best of my knowledge. I acknowledge that my entitlement to assistance from the union arises only from the date of joining the union and only in respect of issues arising on, or after that date.

**Signed:**

**Date:**

(dd/mm/yyyy)

Please check that you have fully completed and signed this form. Then post it to:  
Membership Applications, Fórsa, Nerney's Court, Dublin 1 D01 R2C5.

### AUTHORISATION FOR EMPLOYER TO DEDUCT UNION SUBSCRIPTION

**To:** (Name of employer)

Please deduct the Fórsa Union subscription, at the rate determined from time to time in accordance with the Rules of the Union, from my salary/wages and to pay this amount to Fórsa on my behalf. Please commence this deduction as soon as possible and continue it until further written or electronic notice either from me or Fórsa, as appropriate.

I further request you to reinstate the deduction of my Union subscriptions to Fórsa following any period of career break or any other unpaid absence from work.

I also authorise you to provide to Fórsa for use by it in connection with my union membership, in paper or electronic format, details of these deductions together with updates of the personal and employment related data set out in the Fórsa membership application form.

**I am paid** (Please tick appropriate box)

Weekly

Fortnightly

Monthly

Other

**Surname:**

**First Name(s):**

**Payroll/Staff Number:**

**Grade/Job category:**

**Signed:**

**Date:**

(dd/mm/yyyy)

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**TO BE COMPLETED BY THE BRANCH**

Members Surname:

Members First Name(s):

Branch:

Date approved: (dd/mm/yyyy)

The above named has been approved as a member by the above branch.

Signed:

Branch Position:

Phone Number: (08nnnnnnnn)

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**FOR FÓRSA HEAD OFFICE USE ONLY**

Date deduction mandate form sent to employer: (dd/mm/yyyy)

Processed by: Date: (dd/mm/yyyy)

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A copy of the data protection arrangements covering the reasons for particular questions on this form and the uses by the union of this data is available on request from any Fórsa office and on the union's website: [www.forsa.ie](http://www.forsa.ie)