

# YOUR DETAILS

# POA Application Form NORTHERN IRELAND

Headquarters: Cronin House, 245 Church Street, Edmonton, LONDON N9 9HW



Title: Surname	Forenames(s) in full:
Home Address:	
Post Code:	
Personal email address:	Work email address:
Work Address:	Post Code:

Which address do you want to use for Ballot purposes? **WORK**  **HOME**

Job Title/Grade	Employer	
Date of Employment	Staff Number	Date of Birth ___/___/___

### If you were a member before and are now REJOINING, please complete this section

When did you first join the POA \_\_\_/\_\_\_/\_\_\_

POA Membership number (if known)

Place of employment when you withdrew from membership?

Have you been or are you a member of any other trade union  
**YES/NO** (please delete) If Yes, give details

I undertake to inform the Union of any change to the above details. \* Please tick the box

## GIFT AID FORM

\* Please tick the box

I confirm I am a UK taxpayer. Please treat all donations I make or have made to POA Welfare Fund for the past 4 years as Gift Aid donations until further notice. I understand that if I pay less Income Tax and/or Capital Gains tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. Please let us know if you want to cancel this declaration, change your home address or no longer pay sufficient tax. \* If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

## POLITICAL FUND

I hereby give notice that I am willing, and agree, to contribute to the political fund of the POA and I understand that I shall in consequence be liable to contribute to that fund and shall continue to be so liable, unless I deliver to the Head Office or some other branch office of the union, a written notice of withdrawal. If you choose not to contribute to the political fund of the POA you shall not, by reason of contributing, be excluded from any benefits of the union or be placed in any respect either directly or indirectly under any disability or disadvantage as compared with other members of the union.

## WELFARE FUND

Every member not objecting shall contribute to the Welfare Fund of the Union, in the manner provided by Annual Conference 2003. Any member not wishing to contribute to the fund should apply to the Union's Head Office for an exemption form.

## DATA PROTECTION

Information you have provided will be held by POA who are the data controller. POA will use your personal information to process your membership. By signing this form you have given us your consent to process your personal information.

**Sharing your personal information** We will only share your contact details with approved POA providers who offer products and services as part of your membership. Please tick the box if you would like to receive information from Union Income Benefit (UIB)

Please tick the box how you prefer to be contacted? Personal e-mail:  Work e-mail:  Home address:  Work address:

## ACCESS TO YOUR INFORMATION AND CORRECTION

We want to make sure that your personal information is accurate and up to date. You may ask us to correct or remove information you think is inaccurate. You can write to us on the address above or email [membership@poauk.org.uk](mailto:membership@poauk.org.uk) or phone us on 020 8803 0255. For more information explaining how we use your personal information, please see our privacy statement on our website [www.poauk.org.uk](http://www.poauk.org.uk).

## Declaration

I understand and agree that any litigation be it Civil or Criminal which may arise from any source whatsoever prior to acceptance of this application for membership, cannot be a matter covered by the Legal Aid facilities of the POA. All information contained within this application is to the best of my knowledge correct. Further, I accept and agree that should I regain membership having made any false statements or declaration it will result in my immediate removal/exclusion from the POA (Rule 4.1). I accept and agree that whilst in membership I will always abide by the Rules, Constitution and associated annexes of the union.

Applicants Signature

Date \_\_\_/\_\_\_/\_\_\_

Application approved by (Branch Chair/Secretary)

Date \_\_\_/\_\_\_/\_\_\_

## DEATH BENEFIT NOMINATION FORM

(The person entitled to death benefit will be the person nominated by the member. In default of nomination the benefit will be paid to the deceased's next of kin). I nominate the following person(s) to receive Death Benefit (\* unless I remarry)

Name(s) (Print Clearly)

Date:..

Relationship of nominee to you: (Friend, Relative, Partner etc)

Applicants Signature(s): \_\_\_\_\_