The pro	E BRIGADES UNION ofessional voice of your firefighters Fire Brigades Union Bradley Houst 68 Coombe Road Kingston-upon-Thame Surrey KT2 7AI 020 8541 1760 office@fbu.org.ul	
Please use BLOCK CAPITALS where appropriate		
Failure to complete this form accurately represents a false application under Rule B2 (1) (vii)		
I am applying for the first time I am applying to re-join I have previously been expelled		
L		
Payroll number	Male Female Trans	
FRS/ Brigade		
Station		
Role/Rank		
WT (inc. Day Crew	ing) Retained Control Volunteer Job Share? Y N	
Surname		
Forename(s)		
Former Surname (If applicable)		
Ballot Address		
Postcode	(All FBU communications will be sent here)	
Mobile Number Home Number		
Home e-mail		
Date of Birth		
NI Number		
If accepted as a member payment will be by: Direct Debit Check off		
Are you disabled/registered disabled? (Please tick) No Yes (If yes, please give details below)		
Diease indicate \	vour ethnic origin	
Please indicate your ethnic origin Asian Bangladeshi Black African Mixed Origin		
Asian Indian Black Caribbean Other		
Asian Pakistani Black Other White European		
Asian Other Chinese White Other		

If you have previously been a member of the FBU, please give details:		
FRS Branch Date Membership Ceased (if applicable)		
If you are currently, or have been a member of another Trade Union, please give details. The FBU rules provide that agreement for membership of the FBU will be sought if you have recently been, or are a current member of another Union. Name of Union Date membership ceased		
The Fire Brigades Union recognises that members are often placed at risk of injury or illness that may render them unable to perform full fire service duties, and therefore impact on their income. The Accident and Injury Fund is a mutual fund, maintained by members contributions, that was established to pay benefits to members who may be in need of financial assistance. Applicants are stongly advised to join. I wish to become a member of the AIF (see separate form) Currently I do not wish to become a member of the AIF		
I agree, in the event of being admitted as a member of the Fire Brigades Union, that I will abide by its rules and policies, and such amendments as may be in accordance with its constitution Signature Date (DD,MM,YYYY) Date (DD,MM,YYYY) On completion, applicants should give the form to one of the branch FBU officials at your workplace.		
Proposed by Signature		
Seconded by Signature		
Branch Official Signature		
Once agreed by the branch committee, the completed application form (with the completed AIF form) should be sent to the brigade committee by the BRANCH OFFICIAL .		
Brigade Committee endorsement (for re-join applications only)		
Name		
Signature		
Rejoin Fee (in accordance with rule B(1) (iv)) If an applicant has previously been expelled from the union, the brigade secretary should foward the application to their Regional Secretary copying in their EC member.		
For Membership Department Use ONLY		
Membership Number AIF: Yes No Check Off Direct Debit		

Data Protection Statement: The Fire Brigades Union holds personal data about its members. This is used to provide members with the benefits and services to which they are entitled under FBU rules, and provide information for the other benefits and services which may be of interest. It may be used for statistical or other purposes relating to the administration of the union. Membership records are processed in accordance with data protection laws.