



UNISON Bedfordshire Health Branch

MEMBERSHIP UPDATE FORM

Complete the form below and return to leon.fisher@Ldh.nhs.uk

Membership No:	NI No:
Member Surname:	Previous Surname:
Home Address:	Previous Home Address:
Postcode:	Postcode:
Email Address Home:	Email Address Work:
Telephone Contact No:	Mobile:
Employers name and address	Previous employers name & address
Job Title	Full time/Part Time/Job Share
Department	Payroll No:
Get involved: I am interested in becoming a rep <input type="checkbox"/> I am interested in becoming a Workplace contact <input type="checkbox"/>	How would you describe your ethnic origin? Please tick: <input type="radio"/> Bangladeshi <input type="radio"/> Asian <input type="radio"/> Chinese <input type="radio"/> Black UK <input type="radio"/> Black African <input type="radio"/> Black Other <input type="radio"/> Indian <input type="radio"/> Black Caribbean <input type="radio"/> White UK <input type="radio"/> Pakistani <input type="radio"/> Irish <input type="radio"/> Asian UK <input type="radio"/> White Other
Signed:	Date:
Name in Capitals:	

Or, you can check your membership on line at www.unison.org.uk

You can also join UNISON on line at www.unison.org.uk/join