

**APPLICATION FOR MEMBERSHIP**

(please use block capitals)

**to be returned to :**

**Bureau Union Syndicale; G. Tsolos - Haren (96 avenue de la Fusée - 1130 Bruxelles)**

I, the undersigned,

**PERSONNEL NR :** .....Last NAME : .....

Maiden name/Married name(\*) : ..... First name : .....

Date of birth : .....Gender M/F (\*). Nationality : .....Main language : .....

**INSTIT. :** ..... Office address : ..... DG/Dept. : .....

Recruitment date in the institutions: (day/month/year).....

Contract end date (if applicable): (day/month/year).....

Office phone. : ..... Office fax n°: .....

E-Mail : .....

**Statutory position(\*):** Official - Contractual Agent -Temporary Agent- Local Agent - Retired -END - Free lance - Teacher (\*)

Category - Grade or Function group - Grade : .....Full time/part time/CCP/Other (\*)

Bank account no (IBAN code): .....

**HOME ADDRESS :** Sreet.....n°: .....

Postal Code: ..... City : .....Phone n°: ..... fax. : .....

Mobile / gsm : .....Private Email : (necessary).....

Wish to join Union Syndicale, European public service union, Brussels, affiliated to P.S.I. and I.T.U.C., membership of which involves acceptance of the organisation's rules and payment of a quarterly subscription.

**(\*) delete where inapplicable.**

OFFICIALS/Temporary Agents		CONTRACTUAL AGENTS		
GRADE	MEMBERSHIP FEE	GROUP	GRADE	MEMBERSHIP FEE
16	144,16	IV	18	49,69
15	127,41		17	43,92
14	112,61		16	38,82
13	99,53		15	34,31
12	87,97		14	30,32
11	77,75		13	26,8
10	68,71	III	12	34,31
9	60,73		11	30,32
8	53,68		10	26,8
7	47,44		9	23,69
6	41,93		8	20,94
5/SC6	37,06	II	7	23,69
4/SC5	32,75		6	20,93
3/SC4	28,95		5	18,5
2/SC3	25,59		4	16,35
1/SC2	22,61	I	3	20,14
SC1	19,99		2	17,81
			1	15,74

My application for membership will be submitted to the Executive Committee for approval on receipt of this form and the accompanying automatic transfer (domiciliation) both completed and signed. I will receive my membership card in the following days.

**CONFIDENTIAL USE reserved to the union**  
 The Executive Committee's members and the secretariat commit themselves no to communicate outside your personal data.

Brussels, (date).....

**signature :**  
 .....

N° créancier : BE64ZZZ0850225190 (do not use this number)

**MANDAT DE DOMICILIATION EUROPEENNE SEPA - Core**  
**SEPA EUROPEAN DIRECT DEBIT MANDATE – Core scheme**

Référence du mandat / Mandate reference (sera complété par l'Union Syndicale / Will be completed by Union Syndicale)

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Pour un prélèvement récurrent et / ou unique  
For a recurring and/or one-off payment

*En signant ce formulaire de mandat, vous autorisez (A) l'Union Syndicale à envoyer des instructions à votre banque pour débiter votre compte, et (B) votre banque à débiter votre compte conformément aux instructions de l'Union Syndicale.*

*Vous bénéficiez d'un droit de remboursement par votre banque selon les conditions décrites dans la convention que vous avez passée avec elle. Toute demande de remboursement doit être présentée dans les 8 semaines suivant la date de débit de votre compte.*

*By signing this mandate form, you authorise (A) Union Syndicale to instruct your bank to debit your account, and (B) your bank to debit your account in accordance with Union Syndicale's instructions.*

*You have the right to request a refund from your bank according to the conditions specified in your agreement with it. All refund requests must be submitted within 8 weeks of the date on which your account was debited.*

Le soussigné / The undersigned,

Nom du débiteur: -----  
*Debtor's name*  
Prénom: -----  
*First name:*  
Rue: -----  
*Street:*  
N°: ----- Boîte / Box: -----  
Code postal: -----  
*Postcode:*  
Ville / Town: -----  
*Pays / Country:* -----  
N° de compte (IBAN): ---- / ---- / ---- / ---- / -----  
*Account Number (IBAN)*  
Code BIC : -----

Date: (jour-mois-année / day-month-year) : -- / -- / ----

Signature du titulaire du compte / Signature of the account holder