

# UNION SYNDICALE – SERVICE PUBLIC EUROPEEN – BRUXELLES

Avenue des Gaulois, 36 – 1040 Bruxelles – tel. 02.733.98.00 – fax. 02.733.05.33 – us@unionsyndicale.eu

## APPLICATION FOR MEMBERSHIP

(please use block capitals)

*to be returned to: Bernd LOESCHER / Secrétariat de l'US/Conseil - JL 00 70 LM 17*

*I, the undersigned,*

**PERSONNEL NR:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**Maiden Name** \_\_\_\_\_ **First Name (Christian Name):** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Main language:** \_\_\_\_\_ **Second language:** \_\_\_\_\_ **Institution:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_ **DG/Dept:** \_\_\_\_\_

**Office TEL.:** \_\_\_\_\_ **Office FAX.:** \_\_\_\_\_ **GSM:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**STATUTORY POSITION:** \_\_\_\_\_ **First recruitment date in a European Inst. in Brussels :** \_\_\_\_\_

**Category (or Funct Group)/ Grade:** \_\_\_\_\_ **Step:** \_\_\_\_\_ **Last step on:** \_\_\_\_\_

**Function:** \_\_\_\_\_ **Contract end date, if applicable:** \_\_\_\_\_

**Full time (100%)** \_\_\_\_\_ **or** \_\_\_\_\_ **Part time** \_\_\_\_\_ **%** \_\_\_\_\_

**Account n° (IBAN code):** \_\_\_\_\_

**PRIVATE ADDRESS:** \_\_\_\_\_

**Postal code:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Tel.:** \_\_\_\_\_ **Fax.:** \_\_\_\_\_

**Private E-mail:** \_\_\_\_\_

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 as follows

OFFICIAL		CONTRACTUAL AGENT		
GRADE	QUARTERLY SUBSCRIPTION	GROUP	GRADE	QUARTERLY SUBSCRIPTION
16	137,33 €	IV	18	47,34 €
15	121,38 €		17	41,84 €
14	107,28 €		16	36,98 €
13	94,81 €		15	32,68 €
12	83,80 €		14	28,89 €
11	74,07 €		13	25,53 €
10	65,46 €	III	12	32,68 €
9	57,86 €		11	28,89 €
8	51,14 €		10	25,53 €
7	45,20 €		9	22,57 €
6	39,95 €		8	19,94 €
5 / SC6	35,30 €	II	7	22,56 €
4 / SC5	31,20€		6	19,94 €
3 / SC4	27,58 €		5	17,63 €
2 / SC3	24,38€		4	15,58 €
1 / SC2	21,54 €	I	3	19,19 €
SC1	18,89 €		2	16,97 €
			1	15,00 €

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 weeks.

CONFIDENTIAL USE reserved to the union

The Executive Committee's members and the secretariat commit themselves not to communicate your personal data to any third party.

Brussels, (date)

signature :

.....

N° créancier : BE64ZZZ0850225190

**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 débitez votre compte, et (B) votre banque à débitez 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