

APPLICATION FOR MEMBERSHIP – European Schools

(please use block capitals)

I, the undersigned,

PERSONNEL NR : **Last NAME** :

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

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

INSTIT. : EE1.....EE2.....EE3..... **School address** :

Recruitment date at the school:

Contract end date (if applicable):

Office phone. : Office fax n°:

E_Mail :

Statutory position(*):Teacher, Chargé(e) de cours (CdC), PAS

Full time/part time/CCP/Other (*)

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

HOME ADDRESS : Sreet.....n°:

Postal Code: City : Phone n°: fax. :

Mobile / gsm : E_mail :

In order to determine your quarterly membership fee, please, communicate:

YOUR MONTHLY GROSS SALARY: _____

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.

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

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)

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