

Tim Roache
 Regional Secretary
 YORKSHIRE & NORTH DERBYSHIRE REGION
 GROVE HALL
 60 COLLEGE GROVE ROAD
 WAKEFIELD WF1 3RN



Membership Continuation Form

Name:	Current Employer:	Occupation:
Address:	Name/Address of New Employer:	No of hours worked:
Postcode:		
Membership No.:	Postcode:	
Date of Joining:	Contact No.	

I wish to continue paying my GMB contributions by:

Sick/Unemployed (£2.60 per annum)	<input type="checkbox"/>	Direct Debit	<input type="checkbox"/>	Cheque	<input type="checkbox"/>
£25 for Retired Life Membership (to qualify you must have paid 5 yrs continuous subscriptions)	<input type="checkbox"/>	Direct Debit	<input type="checkbox"/>	Cheque	<input type="checkbox"/>
New Employer	<input type="checkbox"/>	Direct Debit	<input type="checkbox"/>	Cheque	<input type="checkbox"/>

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT



Please complete the form and send to: GMB, Freepost NEA524, Grove Hall, 60 College Grove Road, Wakefield, WF1 3SY
 Name and full address of your Bank or Building Society

To the Manager of
Bank/Building Society
 Address
 Post Code

Originators Identification Number

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For GMB use only. This is not part of the instruction to your Bank Building Society. If you're a/c number is not available please fill in your name and address below.

Name(s) of account holder(s)

Bank/Building Society Account Number

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Reference Number (for GMB use only)

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Bank/Building Society Sort Code

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Instruction to your Bank/Building Society.
 Please pay GMB Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with GMB and, if so details will be passed electronically to my Bank/Building Society.

Signed _____ Date _____

FOR OFFICE USE ONLY

Checked by Date: Branch:
 Membership No.: Date of Joining: