

BUILDING & ALLIED TRADES' UNION

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ARUS HIBERNIA
13 BLESSINGTON STREET
DUBLIN 7

APPLICATION FOR MEMBERSHIP

Please complete using block letters, sign and return to BATU.

I wish to apply for membership to BATU , I do so agreeing to abide by the rules and to pay my union contributions to BATU.

First Name: _____

Last Name: _____

Address: _____

E-mail: _____

Telephone: __/__/__/__/__/__/__/__/__/__/

Date of Birth: __/__/ - __/__/ - __/__/

Nationality: _____

Qualifications (if any): _____

Employment status: _____

Name of Employer (if any): _____

Declaration:

I declare that the information provided by me is correct to the best of my knowledge, and that I make this application based on the information herein.

Signed : _____ Date: __/__/ - __/__/ - __/__/

Witness: _____