



OPTION 2 : PAY BY DIRECT DEBIT



Please fill in the whole form using a ball point pen and send to:

NACO
6a Clarendon Place
Hyde
Cheshire
SK14 2QZ

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society
Bank/Building Society
Address
Postcode

Instruction to your Bank or Building Society to pay by Direct Debit

Originators Identification Number
9 7 4 0 8 0

Reference Number

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

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account



This Guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, **NACO** will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by **NACO** or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to **NACO**.



NACO

the trade union
for managers and professionals
in the Co-operative movement

JOIN US



NACO, 6a Clarendon Place, Hyde, Cheshire, SK14 2QZ
Tel 0161 351 7900 Fax 0161 366 6800 email am@nacoco-op.org www.naco.coop



APPLICATION FOR MEMBERSHIP

To the General Council,

I hereby make application for membership of the National Association of Co-operative Officials, and, if admitted, agree to observe and abide by the Rules governing the Association.

Please complete this form in block capitals

Surname Mr/Mrs/Miss/Ms.....
Forenames D.o.b.
Home address
Town..... County Postcode
Tel..... Mobile..... Email.....

EMPLOYMENT DETAILS

Employer
Dept/Group Location
Job Title Salary Date of appointment
Tel..... Email.....

Are you a member of any other trade union?.....
If so, which?..... Branch

Do you intend retaining membership of the above trade union in addition to membership of NACO?
YES/NO (delete as appropriate)

Please tick the category of membership you are applying for

Full Part time Individual Representation Only
Affiliate Contract Associate

Unity Membership (Please forward a copy of your most recent payslip to confirm salary)

Membership in this category shall be subject to determination in case of doubt by the General Secretary.

Signature of applicant Date

DATA PROTECTION ACT

The information provided on this application form will be used by NACO for record purposes at National and Constituent Association level, to advise members of benefits secured for them, to conduct ballots of members, to conduct surveys of members on employment-related matters and to inform members of conferences and other events organised by NACO. Some communications may be distributed via a contracted mailing house. The personal information will not be divulged to any other party without the express permission of the member concerned.

REPORT OF CONSTITUENT ASSOCIATION

Approved byAssociation
Signed.....Secretary
Date.....

FOR OFFICIAL USE ONLY

Reg No.....
Date admitted.....

Your NACO payment options:
Please complete either
PAYROLL DEDUCTION or DIRECT DEBIT (overleaf)

OPTION 1 : DEDUCTION FROM PAYROLL



I, (name in BLOCK capitals).....
being a member of the National Association of Co-operative Officials, hereby
authorise my employers.....
to deduct from my salary or wages the amount payable by me under the terms of
the union's Rules as amended from time to time.

Signed..... Date.....

Job title

Dept/Group.....

Wage number, if known.....

FOR NACO USE ONLY

NACO membership number

Commencement date.....

Subscription rate £.....per week/month

Please return to NACO,
6a Clarendon
Place, Hyde,
Cheshire,
SK14 2QZ