



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