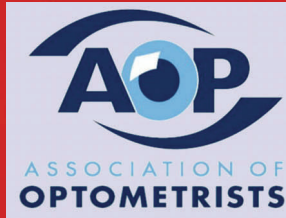


Making a difference – together



Membership Form – GB

Please complete all questions if known in BLOCK CAPITALS with a black ball point pen, seal and post – no stamp needed.

About You

Surname	NI Number	<input type="text"/>
Forenames	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Mr /Mrs /Ms /Miss /Dr /Revd	Date of Birth	
Home Address		
Postcode		
Home Tel	Mobile Tel	
Preferred Email		

About Your Job

Employer/Company Name		
Department		
Workplace Address		
Postcode	Work Tel	
Do you work: 20 or more hours per week (full time rate) <input type="checkbox"/> Less than 20 hours per week (part time rate) <input type="checkbox"/> Are you self-employed <input type="checkbox"/>		
Are you an apprentice, student or on a full time training scheme YES <input type="checkbox"/> NO <input type="checkbox"/> NMC No. <input type="text"/>		

Equal Opportunities

Amicus is committed to the promotion of equal opportunities for all and it is the Union's aim to provide services and support to members that is free of discrimination on the basis of race, gender, religion, sexual orientation or disability. **What ethnic group do you belong to?**

White

- British
- Irish
- Other White

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other Asian

Black or Black British

- Black Caribbean
- Black African
- Other Black
- Mixed

White & Black Caribbean

- White & Black African
- Other mixed

Chinese or other ethnic group

- Chinese
- Other ethnic group

Do you regard yourself as someone with a disability? YES NO

FOR UNION USE ONLY

Oct 04

Campaign code	Branch	Workplace No. Group
<input type="text"/>	<input type="text"/>	<input type="text"/>

I agree to abide by the Union's rules:

Signature:

Date:

Please post to: AOP Membership Department 61, Southwark Street, London SE1 0HL
or FAX to: 020 7261 0228