

**COMMUNICATIONS WORKERS' UNION
CHILDRENS' BENEFIT SCHEME-- JOIN FORM**



PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

To the General Secretary, Communications Workers' Union

Having provided the required details below, I wish to apply for membership of the **Communications Workers' Union – Childrens' Benefit Scheme** in respect of my child(ren) named below (being under the age of 18 years). I have read and agree to be bound by the Rules of the Scheme. I also accept that membership of the Scheme is at the sole discretion of the National Executive Council.

FULL NAME(S) OF CHILD(REN)

DATE(S) OF BIRTH

MEMBER'S NAME _____ **MOBILE** _____

HOME ADDRESS _____

EMAIL _____

EMPLOYER _____ **STAFF NO** _____

BRANCH _____

DATA PROTECTION:

The information collected here will only be used for the purpose of processing claims from the Childrens' Benefit Scheme and will not be shared with any third-party. If you consent to the use of your data for this purpose, please sign the form below.

SIGNED: _____ **DATE:** _____