

MEMBERSHIP FORM

Title:		First Name:		Surname:	
Post Nominal Letters:		Date of Birth:			
Address:					
				Postcode:	
Tel:	Home:		Fax:		
	Work:		Mobile:		
Email:					
Occupation:					

Please choose one of the following:

Full Member (18-30 yrs)	£15	Associate Member (no voting rights)	£20 minimum
Full Member (31-64 yrs)	£30	Associate Member (16-18 yrs no voting rights)	£5
Full Member (65 yrs +)	£20	Supporter (no voting rights)	£ any amount
Full Unwaged Member	£15	My Personal Details have changed	Not applicable

(Rates above apply for a full year's membership 1 Jan – 31 Dec – discounted rates are available to those wishing to join throughout the year. Details can be obtained by contacting Party HQ)

Have you ever been a member of the UUP before	YES	NO
Are you currently, or have you ever been a member of another political party?	YES	NO
If YES, please give details:		

Have you ever had any criminal convictions	YES	NO
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Please detail on a separate page any information, employment background, or personal connections current or past; any actions, statements current or past, which might give rise to your non-admission to the Party

Amount Paid:		Date Paid:	
Method of Payment:	Cash	Cheque	Standing Order Form Supplied on Request

I AGREE TO BE BOUND BY THE ULSTER UNIONIST PARTY RULES & STANDING ORDERS.

SIGNATURE: _____ DATE: _____

My Application is endorsed by TWO UUP Members as follows:

The applicant is a Registered voter in the:		CONSTITUENCY
NAME:		
ADDRESS:		
SIGNATURE:		

PRIVACY POLICY: The information you have provided will be treated as confidential and will not be shared with any organisation or individual outside the Ulster Unionist Party without your consent and will only be disclosed to other party members at the discretion of Party Officers.