

Change of Circumstance form

Membership No:			
Title:			
Forename:		Surname:	
Previous Name:		NI Number:	
Date of Birth:		Ethnic Origin:	

Subs band:		
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Current Details		New Details	
Home Address 1:		Home Address 1:	
Home Address 2:		Home Address 2:	
Home Address 3:		Home Address 3:	
Home Town:		Home Town:	
Home County:		Home County:	
Home Post Code:		Home Post Code:	
Home Telephone:		Home Telephone:	
Mobile Phone:		Mobile Phone:	
Home Email:		Home Email:	

Employer:		Employer:	
Department:		Department:	
Job Title:		Job Title:	
Full/Part Time:		Full/Part Time:	

Workplace:		Workplace:	
Work Address 1:		Work Address 1:	
Work Address 2:		Work Address 2:	
Work Address 3:		Work Address 3:	
Work Town:		Work Town:	
Work County:		Work County:	
Work Post Code:		Work Post Code:	
Work Telephone:		Work Telephone:	
Work Email:		Work Email:	

I am no longer a member of UNISON

Signed: _____

Date: _____