

MEMBERSHIP FORM

PLEASE RETURN COMPLETED FORMS TO MLSA HEAD OFFICE, 4th FLOOR LIBERTY HALL, DUBLIN D01 E5Y3
OR BY EMAIL TO mlsa2@siptu.ie

- I. I wish to apply for membership of the MLSA. I agree to abide by the rules of the MLSA and to pay contributions as appropriate under the rules of the union.
- II. I am a current member of the MLSA and wish to change my personal details or employment / subscription details.



Signature: To add Acrobat digital signature, use Fill & Sign menu option (Note: Mobile devices may not be compatible, if so, Print & Sign from here)

Date:

Section 1: Personal Details

Note: Fields marked with an asterisk are mandatory

Mr. Mrs. Ms. Other Specify

Male Female Other

*First Name:

*Surname:

*Primary Email Address:

Alternative Email Address:

*Phone Personal:

Phone Work:

*Date of birth:

Section 2: Employment Details

*Job title:

*Grade: Medical Scientist Senior Medical Scientist Specialist Medical Scientist Chief Medical Scientist

Laboratory Manager Student Year of course Other (please specify):

*Employer:

*Hospital / Work location:

*Department / Discipline:

Section 3: Address

*Home Address:

Work Address:



Section 4: Previous Union Membership

Have you previously been a member of the MLSA?

Yes No If yes, please give details.

Are you currently or have you previously been a member of any other union? Yes No

If yes, please give details.

Section 5: Payment of subscriptions

Note: It is your responsibility to pay your subscriptions to maintain MLSA membership. Your membership may be deemed to lapse if subscriptions do not commence within 3 months of membership approval or if they lapse for more than 3 months.

Deduction at Source from salary (DAS). Please fill out mandate below. Annual Cheque Annual EFT

Standing order Note: this option only permitted for members whose employers do not support payment by DAS.

*Current point on salary scale

Mandate for Deduction of Subscriptions from Salary (DAS)

Name:

Laboratory / Hospital Name:

Personnel Number:

To whom it may concern: This is to convey authorisation for the deduction from my salary of my MLSA membership subscription, amounting to 0.7% of basis salary.

Signature:

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Date:

Note: If you pay your subscriptions by DAS it is an arrangement between you and your payroll department. It is your responsibility to renew this mandate if you change employment to a different payroll.

Section 6: Cornmarket Information

Would you like to join Rewards for MLSA members?

Rewards offers new MLSA members exclusive access to MyDoc, an online GP service, for 12 months and other discounts, offers, competitions and more (Benefits). Rewards is run by Cornmarket Group Financial Services Ltd. (Cornmarket).

To get more information about Rewards Benefits visit Cornmarket.ie/mlsa-rewards

For Rewards Membership Terms & Conditions visit: Cornmarket.ie/rewards-club-terms

For Rewards Data Protection Statement visit Cornmarket.ie/rewards-dps. All documents can be accessed by scanning the QR code opposite using the camera on your phone.

Tick here to join Rewards for MLSA members.

By ticking here, you confirm that you agree to the [Terms & Conditions](#) and [Data Protection Statement](#). Cornmarket will contact you about your Rewards. You can opt out at any time.



Section 7: GDPR Notice

The MLSA is committed to the General Data Protection Regulations (GDPR) 2018 and aims to maintain consistently high standards in protecting and securing your personal information. Our privacy policy and website privacy statement are available at www.mlsa.ie



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