

THE SENIOR CIVIL SERVICE ASSOCIATION

(Formerly the Association of Assistant Secretaries and Higher Grades)

Application for Membership

Please complete both parts of this form in BLOCK CAPITALS. Please also remember to sign both parts of the form and return as indicated in the Notes below.

PART 1 APPLICATION FOR MEMBERSHIP

I, _____, apply for admission to membership of the Senior Civil Service Association.

Name for Payroll Purposes	
Government Department or Office	
Official Address	
Office eMail	
Office Telephone No	
Home address (See Note 2 below)	
Alternative email (e.g. home)	
Home or mobile Tel No	

I agree that in the event of my ceasing to be a member of the Association for any reason, it is a matter for me, or my legal representative, to ensure that payment of any membership subscription is terminated.

Signature: _____ Date: _____

PART 2 - SCHEME OF DEDUCTION OF SUBSCRIPTION TO STAFF ASSOCIATIONS (see Note 3 below)

FORM OF AUTHORISATION FOR SALARY DEDUCTION

To the Accountant/Finance Officer (insert name of Department or Office):

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Until further notice and commencing with effect from (insert next payday):

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Please deduct from my pay the sum of €10 per fortnight (or €22 per month) in respect of my contribution under the scheme of deduction of subscriptions to Staff Associations and pay the amount to the Senior Civil Service Association (formerly the Association of Assistant Secretaries and Higher Grades) at the address and in the manner as already agreed with the Association

The rate of deduction may be increased or decreased by you in accordance with any revision in the rate of subscription notified to you by the Association as having been determined in accordance with the rules of governance of the Association and promulgated by the Association in the normal way.

I recognise that these deductions, being made solely as a measure of convenience to me, may be terminated at any time. I also recognise that the ultimate responsibility for ensuring that deductions have, in fact, been made from my pay rests with myself, and that, beyond making remittances on foot of sums deducted to my Staff Association, the State accepts no responsibility of any kind in this matter.

Name:	
Grade:	
Group No:	
Payroll No:	
Office Address:	
Address Line 2	
Address Line 3	
Name and Address of Head, Salaries Section [See Note 3 Below]:	

Signature: _____

Date: _____

Notes:

1. Both Parts of this form should be completed and returned either to your local Departmental representative or alternatively to

**Senior Civil Service Association
PO Box 12635
Dublin 3**

2. Part 1 of this form will be retained by the Senior Civil Service Association as part of its membership database. The Association will comply with all relevant data protection laws in managing this database. The provision of home contact details is optional on the part of the applicant but will facilitate communication in the event of retirement.
3. Part 2 of this Form will be transmitted by the Senior Civil Service Association to the Salary/Accounts Division of your Department. The Association will not retain any part of this form or its contents. Please indicate clearly the name and official address of the appropriate person to whom it should be sent.
4. Please note that when submitting the completed form, you may need to advise your Accountant to cancel any authorisation in respect of membership of another Association.
5. The Senior Civil Service Association is a company registered under the Companies Acts and is a company limited by guarantee and not having a share capital. A copy of the Memorandum & Articles of the Association is available on request to info@scsa.ie