

RETAIL STRUCTURE REVIEW

Dear Member

You will be aware from company briefings that Wilko is proposing to review its store structures. Wilko will be entering into consultation with GMB on their plans to merge the Level 2 & Level 3 roles. Wilko has said this will put a significant number of roles at risk of change and/or redundancy.

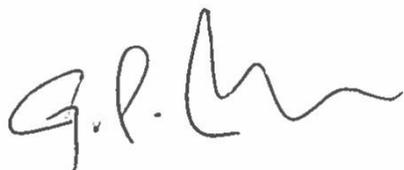
The first consultation meeting with GMB starts on Monday 14th August.

This is the start of the consultation process and we will be making representations on behalf of GMB members at this and future meetings. Lots of GMB members have already been in contact. Please keep your views and ideas coming and we will raise these with the company.

We appreciate this is an unsettling time for everyone. Throughout the consultation period we will send out regular updates and GMB reps will be there to support, advise and represent GMB members.

If you're not a GMB member, please ask your local GMB rep for a membership form, or alternatively you can join on-line at www.gmb.org.uk

Yours sincerely



Gary Carter

GMB

National Officer

www.gmb.org.uk/join

UNIONLINE

YOUR TRADE UNION LAW FIRM

0300 333 0303

www.unionline.co.uk

GMB—EXPERTS IN THE WORLD OF WORK

It can be as simple as a new manager, or a new way of working that causes you a problem at work. Guard against that day by joining GMB now. GMB membership covers you wherever you work. Only GMB members get GMB help. **IF YOU WORK YOU NEED GMB@WORK**

Join now at www.gmb.org.uk/join or fill in the form below

then hand it to your local GMB representative, or post it—simply write FREEPOST GMB on an envelope—you don't need a stamp or any other address details.

If you have any questions contact GMB: email info@gmb.org.uk or visit our website www.gmb.org.uk

FOR GMB USE ONLY	Section <input type="text"/>	Branch number <input type="text"/>	Membership number <input type="text"/>	Date of joining <input type="text"/>
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GMB membership application form **PLEASE USE BLOCK CAPITALS**

1 TELL US ABOUT YOU

Surname <input type="text"/>	First name <input type="text"/>	Title <input type="text"/>	Mrs/Miss/Ms/Mr	Date of birth <input type="text"/>
Home address <input type="text"/>	Home phone number <input type="text"/>	Mobile number <input type="text"/>	Postcode <input type="text"/>	
We ask for your ethnic origins as part of our equal opportunities policy of improving services to all members			Tick here if you do not wish to contribute to the GMB collective affiliation to the Labour Party <input type="checkbox"/>	
Bangladeshi <input type="checkbox"/> / Black African <input type="checkbox"/> / Black Caribbean <input type="checkbox"/> / Black British <input type="checkbox"/> / Chinese <input type="checkbox"/> / Indian <input type="checkbox"/> / Irish <input type="checkbox"/> / Pakistani <input type="checkbox"/> / White <input type="checkbox"/> / Other: <input type="text"/>				
National Insurance number <input type="text"/>	I agree to abide by GMB rules Signed <input type="text"/>		Date <input type="text"/>	<input checked="" type="checkbox"/>

2 TELL US ABOUT YOUR JOB

Employer <input type="text"/>	Your job <input type="text"/>
Address where you work <input type="text"/>	How many hours a week do you work? <input type="text"/>
Postcode <input type="text"/>	Pay number <input type="text"/>
I give my employer permission to notify GMB of any future change of address <input type="checkbox"/>	
I authorise my employer to pass my bank details on to GMB to activate my union membership – Signed <input type="text"/>	

3 PLEASE SELECT WHEN YOU WOULD LIKE THE DIRECT DEBIT TO BE DEDUCTED FROM YOUR ACCOUNT

If you are paid monthly	<input type="text"/> 1st day of the month*	<input type="text"/> 8th day of the month*	<input type="text"/> 16th day of the month*	<input type="text"/> 23rd day of the month*	<input type="text"/> Last day of the month*	* or next working day
OR if you are paid 4 weekly	<input type="text"/> 1st Friday	<input type="text"/> 2nd Friday	<input type="text"/> 3rd Friday	<input type="text"/> 4th Friday		

4 INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT



Please fill in the form below and send to: GMB, 22 Stephenson Way, LONDON NW1 2HD

Name and full postal address of your Bank or Building Society branch

To the Manager of <input type="text"/>	Bank/Building Society <input type="text"/>
Address <input type="text"/>	
Postcode <input type="text"/>	

Name(s) of account holder(s)

Bank/Building Society account number

Bank/Building Society Sort Code

Banks or Building Societies may not accept Direct Debit instructions for some types of account

Service User Number 9 7 4 3 3 0

Instructions to your Bank or Building Society: Please pay GMB Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with GMB and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

For GMB official use only. This is not part of the instruction to your Bank/Building Society. If your A/C number is not available fill in your address below.

Reference number (GMB use only)