MEMBERSHIP DECLARATION

Independent Self-Governing Trade Union of Banks and Financial Institutions Employees

NSZZ Pracowników Banków i Instytucji Finansowych

Name and surname		**SOE ID**
Mailing address:		
City		**ZIP - code**
Street	**Building**	**Apartment**
Phone number		**E-mail**
Employer / organizational unit / departament		
....		

I request to be admitted as a member of the Independent Self-Governing Trade Union of Banks and Financial Institutions Employees

1) I confirm to comply with the statutory obligations of a member of the Trade Union of Banks and Financial Institutions Employees
2) I consent to the processing of my personal data for purposes of the Independent Self-Governing Trade Union of Banks and Financial Institutions Employees in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data.
3) I hereby appoint the Independent Self-Governing Trade Union of Banks and Financial Institutions Employees to include my membership when determining the number of members associated in this organization.

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DECISION

The Management Board of the Independent Self-Governing Trade Union of Banks and Financial Institutions Employees accepts applicant as a member of the Independent Self-Governing Trade Union of Banks and Financial Institutions Employees Resolution Number....

Date (yyyy-mm-dd) Signatures of the management board

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CONSENT

name and surname *PESEL/social security number/TAX ID number*

◯ I authorize ....
(full name of the employer / organizational unit)) to deduct the amount of 0,5% my monthly basic salary, no more than PLN 70.

starting from . as membership fee for the Independent Self-Governing Trade Union of Banks and Financial Institutions Employees

◯ starting from · I undertake to pay monthly, the amount of 0.5%, no more than PLN 70 my basic salary to the bank account number: 71 1030 1654 0000 0000 5402 0000 as monthly membership fee the Independent Self-Governing Trade Union of Banks and Financial Institutions Employees. In the title of the transfer please provide the name, surname and name of the employer.

Date (yyyy-mm-dd) Wet signature