**DEKLARACJA CZŁONKOWSKA**

1. Ja niżej podpisany/a deklaruję wstąpienie do Niezależnego Samorządnego Związku Zawodowego „Solidarność”. Oświadczam, że będę stosował/a się do postanowień Statutu Związku, w szczególności zobowiązuję się do regularnego opłacania składek związkowych oraz wyrażam zgodę na potrącanie składki przez pracodawcę z mojego wynagrodzenia.
2. Wyrażam zgodę na przetwarzanie poniższych danych osobowych w związku z realizacją celów statutowych NSZZ „Solidarność”.
3. Wyrażam zgodę na przetwarzanie poniższych danych osobowych w celu wydania legitymacji elektronicznej.
4. Potwierdzam, że otrzymałem klauzulę informacyjną zgodną z tzw. RODO stanowiącą załącznik do Deklaracji Członkowskiej NSZZ „Solidarność”.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Imię i nazwisko | | | | | | | | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | PESEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  |  |  |  |  |  |  |  |  |  |  |  | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |  | |  | |  | |  | | |  | |
|  |  | Adres | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | Kod pocztowy | | | | | | | | | | | | | | | | | | | | |  | | |
|  |  |  |  |  |  |  |  |  |  |  |  | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | | - | | | |  | |  | |  | | |  | |
|  | Ulica | | | | | | | | | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | Nr domu | | | | | | | | | | | | | | | | | | |  | | | | Nr lokalu | | | | | | | | | | | |  | | |
|  |  |  |  |  |  |  |  |  |  |  |  | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |  | |  | |  | |  | | |  | |
|  |  | Telefon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | | | | | | Adres e-mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  |  |  |  |  |  |  |  |  |  |  |  | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |  | |  | |  | |  | | |  | |
|  |  | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | |  | |  | |  | | |  | | |
|  |  | Zakład pracy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | |  | |  | |  | | |  | | |
|  |  |  |  |  |  |  |  |  |  |  |  | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |  | |  | |  | |  | | |  | |
|  |  |  |  |  |  |  |  |  |  |  |  | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |  | |  | |  | |  | | |  | |
|  |  |  |  |  |  |  |  |  |  |  |  | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |  | |  | |  | |  | | |  | |
|  |  | Adres - miejscowość | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | Kod pocztowy | | | | | | | | | | | | | | | | | | | | |  | | |
|  |  |  |  |  |  |  |  |  |  |  |  | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | | - | | | |  | |  | |  | | |  | |
|  | Ulica | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  | | | | Numer | | | | | | | | | | | |  | | |
|  |  |  |  |  |  |  |  |  |  |  |  | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |  | |  | |  | |  | | |  | |
|  |  |  |  |  |  |  |  |  |  |  |  | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |  | |  | |  | |  | | |  | |

Data

Podpis

C:\Users\Magdalena\Desktop\nożyczki1.jpg**WNIOSEK DLA KSIĘGOWOŚCI**

………………………………………………………………………………………………...................................................

Nazwa zakładu pracy

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Nazwisko i imię | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | PESEL | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Proszę o pobieranie przez pracodawcę z mojego wynagrodzenia składki związkowej na rzecz NSZZ „Solidarność” – stanowiącej 0, 82%:

a/ miesięcznych przychodów, osiąganych u pracodawcy z tytułu zatrudnienia w ramach stosunku pracy, z uwzględnieniem dodatków płacowych, z wyjątkiem: przychodów osiąganych z tytułu godzin nadliczbowych/ponadwymiarowych/ponadnormatywnych, przychodów zwolnionych z podatku dochodowego od osób fizycznych, różnego rodzaju deputatów, rekompensat, ekwiwalentów, odszkodowań, odpraw, nagród – w tym jubileuszowych – oraz świadczeń finansowanych ze środków przeznaczonych na cele socjalne w ramach zakładowego funduszu świadczeń socjalnych lub świadczeń urlopowych wypłacanych w zamian tych świadczeń.

b/ pobieranych zasiłków pieniężnych z ubezpieczenia społecznego (chorobowych, wyrównawczych, macierzyńskich, opiekuńczych).

Data

Podpis

**KLAUZULA INFORMACYJNA**

Klauzula informacyjna stanowiąca integralną część deklaracji członkowskiej NSZZ „Solidarność”, zgodna z Rozporządzeniem Parlamentu Europejskiego i Rady (UE) 2016/679 z dnia 27 kwietnia 2016 r. w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu takich danych oraz uchylenia dyrektywy 95/46/WE (tzw. RODO).

# Administrator danych osobowych

1. Administratorem Pani/Pana danych osobowych jest organizacja zakładowa/ międzyzakładowa/ podzakładowa/ oddziałowa NSZZ „Solidarność”

(niepotrzebne skreślić i wskazać dane adresowe Administratora) …………………………………………………………………….………………………………………………………………………………………………………………………...……………………………………………………………………………………………….

1. Współadministratorem Pani/Pana danych osobowych w zakresie niezbędnym do wydania legitymacji elektronicznej jest Region NSZZ „Solidarność” …………………………………………………… ……………………………………………………………………………………………………………………………………………….. (wskazać dane adresowe właściwego Regionu).

# Inspektor Ochrony Danych (IOD)

Dane osobowe Inspektora Ochrony Danych (niepotrzebne skreślić):

1. nie dotyczy
2. dotyczy – IOD jest Pani/Pan (wskazać imię i nazwisko, adres e-mail) ……………………………………………… …….....................................................................................................................................................................................................................................................................................................

(Wyjaśnienie: Administrator wyznacza obligatoryjnie Inspektora Ochrony Danych w przypadku przetwarzana danych o przynależności związkowej na dużą skalę).

# Cel przetwarzania danych osobowych

Dane osobowe będą przetwarzane w celach statutowych NSZZ „Solidarność” oraz w celu realizacji ciążących na administratorze obowiązków zgodnie z przepisami prawa.

# Odbiorcy danych

Odbiorcami danych są upoważnieni do ich otrzymania w celach statutowych oraz inne podmioty na podstawie obowiązujących przepisów prawa.

# Okres przechowywania danych

1. dane o przynależności związkowej przetwarzane są przez okres niezbędny do realizacji celów statutowych NSZZ „Solidarność” i czas realizacji ciążących na administratorze obowiązków zgodnie z przepisami,
2. dane osób przetwarzane na podstawie zgody do momentu wycofania zgody.

# Prawa osób, których dane dotyczą

Każda osoba, której dane osobowe są przetwarzane przez Administratora ma prawo dostępu do treści swoich danych osobowych, ich sprostowania, prawo do ich usunięcia, ograniczenia ich przetwarzania, wniesienia sprzeciwu oraz prawo do cofnięcia zgody w dowolnym momencie. W zależności od podstawy przetwarzania danych część z tych praw może zostać ograniczona odrębnymi przepisami. W każdym czasie przysługuje Pani/Panu prawo dostępu do swoich danych osobowych ich aktualizacji oraz prawo wniesienia skargi do organu nadzorczego (Prezesa Urzędu Ochrony Danych Osobowych).

Przyjęto do organizacji związkowej uchwałą nr .................................. dnia ............................. .

...............................................

Podpis

Ustanie członkostwa (przyczyna) ..............................................................................................................

............................................................................................................... dnia .............................. .

...............................................

Podpis

