

HOJA AFILIACION

| | | |
|---------------------------|------------------------|-----------------|
| EMPRESA _____ | | |
| APELLIDOS _____ | NOMBRE _____ | |
| DNI _____ | Fecha Nacimiento _____ | |
| Domicilio _____ | | |
| Localidad _____ | C.P. _____ | Provincia _____ |
| Telefono Particular _____ | Telefono Empresa _____ | |
| Movil Particular _____ | Movil Empresa _____ | |
| E-mail Particular _____ | E-mail Empresa _____ | |
| Fax Particular _____ | Fax Empresa _____ | |

Copia para la empresa

| | | | | | | | | | |
|---------------------------------------|---|--|--|--|--|--|--|--|--|
| APELLIDOS _____ | Matricula <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | |
| | | | | | | | | | |
| NOMBRE _____ | Nº de Nomina <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | |
| | | | | | | | | | |
| Cargo _____ | Cod. Cargo <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | |
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| Dependencia _____ | Cod. Depend. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | |
| | | | | | | | | | |
| Residencia _____ | Cod. Residen. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | |
| | | | | | | | | | |
| Provincia del Centro de Trabajo _____ | Cod. Provinc. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | |
| | | | | | | | | | |

Autorizo el descuento en mi nómina de la Cuota Sindical del Sindicato Ferroviario

_____, a _____ de _____ de 2.0 _____

Firma,