

# APPLICATION FORM

Name and surname	
OIB	
Date of birth	
Address	
Place of residence,	
E-mail	
Mobile	
Date of sign in	
Profession	
Qualification	
Employer	
Address of employer	
Workpace	

I confirm that I voluntarily join the Union of Trade Union of Public Utilities, Transportation and Related Services of Croatia-SKPH). I authorize SKPH to negotiate and conclude a collective agreement on my behalf. I will pay the union membership fee in accordance with the provisions of the SKPH Statute, and I agree that the deduction of the membership fee begins with the payment of the first salary, which is paid after signing the application form. In the event of revocation of membership, I will do so in writing and inform the chief commissioner in the branch or SKPH and return the membership card to the chief commissioner or to the SKPH Office, Zagreb, Zlatarska 14. By signing the application form, I agree to the processing of my personal data, for the sole purpose of membership in the trade union based on the SKPH Statute, and in accordance with the Law on the Implementation of the General Ordinance on Data Protection (OG 42/2018), and internal acts harmonized with it union.

**Sign**

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