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| **ФЕДЭРАЦЫЯ ПРАФСАЮЗАЎ БЕЛАРУСІ**  **ПРАФСАЮЗ:**  Белорусский профессиональный союз работников здравоохранения  **УЛІКОВАЯ КАРТКА ЧЛЕНА ПРАФСАЮЗА**  ПРАФСАЮЗНЫ БІЛЕТ № \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Прозвiшча: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Імя: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Імя па бацьку (пры наяўнасцi): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Дата нараджэння: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Год уступлення ў прафсаюз: \_\_\_\_\_\_\_\_\_\_\_\_\_  Нумар тэлефона (пры наяўнасцi): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Месца працы (вучобы), пасада: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Подпiс члена прафсаюза *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *инициалы, фамилия*  Подпiс старшынi прафсаюзнай арганизацыi \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *инициалы, фамилия*  **Адзнака аб пастаноўцы на улiк, зняццi з улiку**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Назва прафсаюзнай арганизацыi, прафсаюз | Прыняты на улiк | | Зняты з улiку | | | Дата | Подпiс | Дата | Подпiс | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | **ФЕДЭРАЦЫЯ ПРАФСАЮЗАЎ БЕЛАРУСІ**  **ПРАФСАЮЗ:**  Белорусский профессиональный союз работников здравоохранения  **УЛІКОВАЯ КАРТКА ЧЛЕНА ПРАФСАЮЗА**  ПРАФСАЮЗНЫ БІЛЕТ № \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Прозвiшча: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Імя: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Імя па бацьку (пры наяўнасцi): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Дата нараджэння: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Год уступлення ў прафсаюз: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Нумар тэлефона (пры наяўнасцi): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Месца працы (вучобы), пасада: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Подпiс члена прафсаюза *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *инициалы, фамилия*  Подпiс старшынi прафсаюзнай арганизацыi \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *инициалы, фамилия*  **Адзнака аб пастаноўцы на улiк, зняццi з улiку**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Назва прафсаюзнай арганизацыi, прафсаюз | Прыняты на улiк | | Зняты з улiку | | | Дата | Подпiс | Дата | Подпiс | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |