

**Adhésion 2018-2019**

NOM Prénom

Nom de naissance Né(e) le

Adresse :

Code postal |\_\_|\_\_|\_\_|\_\_|\_\_| Commune

🕾 |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| N° de portable  |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| Mail ………………………………………………………………………

J’accepte de recevoir par mail les infos du SE-Unsa 🖵 OUI 🖵 NON

**ETABLISSEMENT/ECOLE**

**CORPS** : …………………………………………………………… ❑ Temps complet ❑ Temps partiel : .................%

**SITUATION :** ❑ Titulaire ❑ Stagiaire ❑ Etudiant ❑ Autre (Disponibilité, congé) :……………………… ❑ Retraité(e)

**ÉCHELON** : ....... 🔾 Classe normale 🔾 Hors-classe 🔾 Classe exceptionnelle

Montant de la cotisation : ............ Mode de paiement :

🖵  Prélèvement automatique tous les deux mois à partir d’octobre, compléter le mandat SEPA et joindre un RIB

🖵  Adhésion en ligne sur [www.se-unsa.org](http://www.se-unsa.org) ; paiement sécurisé par CB.

🖵 Paiement par chèque(s) : 1 à 3 chèques au maximum, encaissés à partir de septembre 2019.

***J’adhère au Syndicat des Enseignants-UNSA.*** *Date et signature :*

*Les informations recueillies ne sont destinées qu’au fichier syndical et peuvent donner lieu à l’exercice du droit d’accès, loi 78-17 du 6/1/78*

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| **Cotisations syndicales : coût réel 33% du montant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Echelon :** | | | | | ***1*** | | | | | | ***2*** | | | | | | | | | | | ***3*** | | | | | | | ***4*** | | | | | | ***5*** | | | | | | ***6*** | | | | | | ***7*** | | | | | | | | ***8*** | | | | | | | ***9*** | | | | | | | | | ***10*** | | | | | | | | ***11*** | | |
| Profs des Ecoles | | | | |  | | | | | | 159 | | | | | | | | | | | 160 | | | | | | | 165 | | | | | | 170 | | | | | | 174 | | | | | | 184 | | | | | | | | 197 | | | | | | | 210 | | | | | | | | | 226 | | | | | | | | 242 | | |
| Hors classe | | | | | 207 | | | | | | 222 | | | | | | | | | | | 237 | | | | | | | 257 | | | | | | 273 | | | | | | 289 | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
| Classe except. | | | | | 251 | | | | | | 266 | | | | | | | | | | | 280 | | | | | | | 301 | | | | | | HEA1 : 322 | | | | | | | | | | | | HEA2 : 335 | | | | | | | | | | | | | | | HEA3 : 352 | | | | | | | | | | | | | | | | |  | | |
| Instituteurs | | | | |  | | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | 142 | | | | | | 145 | | | | | | 148 | | | | | | | | 156 | | | | | | | 163 | | | | | | | | | 174 | | | | | | | | 190 | | |
| **Futurs stagiaires**: **60** €.  **Futurs T1** déjà adhérents en 2017/2018 (sauf adh découv) : 100€ uniquement en prélèvement automatique. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contractuels | | | | | 105 | | | | | | 137 | | | | | | | | | | | 171 | | | | | | | AED, AESH : 73 C.U.I. : 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Retraités : 104 € (pension <1400€) ; 128 € (pension entre 1400 et 1850€) ; 138 € (pension >1850€)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temps partiel, CPA : au prorata du salaire. Dispo, congé parental, étudiant, vacataire : 41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Mandat de prélèvement SEPA** | | | | | | En signant ce formulaire de mandat, vous autorisez (A) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SE-UNSA 67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Logo_couleur | | | | | |  | |
| à envoyer des instructions à votre banque pour débiter votre compte, et (B) votre banque à débiter votre compte | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| conformément aux instructions de | | | | | | | | | | | | | | | | | | | | | | | | | | SE-UNSA 67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vous bénéficiez du droit d'être remboursé par votre banque suivant les conditions décrites dans la convention que vous avez passée avec elle. Une demande de remboursement doit être présentée dans les 8 semaines suivant la date de débit de votre compte pour un prélèvement autorisé. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Référence unique du mandat : | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Identifiant créancier SEPA : | | | | | | | | | | | | | | | | | | | | | | | | | FR16ZZZ401981 | | | | | | | | | | | | | | | | | | |
| **Débiteur :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Créancier :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Votre Nom | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nom | | | | | | | | | | | SE-UNSA 67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Votre Adresse | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Adresse | | | | | | | | | | | 25 rue de Mulhouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Code postal | | |  | | | | | | | | | | Ville | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Code postal | | | | | | | | | | | 67100 | | | | | | | | | | | Ville | | | | | | | | | STRASBOURG | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Pays |  | Pays | FRANCE | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IBAN | |  | | |  | |  | |  | | |  | | | |  | |  | | |  | | |  |  | |  | | |  | |  | |  | |  |  |  | | | |  | |  |  | | |  | |  | |  | | | |  | | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  |  | |  |  |  |  |  | |
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| BIC | |  | | |  | | | |  | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | | | | | | | Paiement : | | | | | | | | | | | | | X | | | | | Récurrent/Répétitif | | | | | | | | | | | | | | | | | |  | Ponctuel | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A : | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Le : | | | | | | |  | | |  | |  | | | | | |  | | |  | | |  | | |  | | |  | | |  | | | | | | | | | | | | | | | |
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|  | | Signature : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nota : Vos droits concernant le présent mandat sont expliqués dans un document que vous pouvez obtenir auprès de votre banque.  **Veuillez compléter tous les champs du mandat.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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