

MEMBERSHIP IN THE ASSOCIATION LIL' BRAVE ONE

HELPING MEMBER	
<input type="checkbox"/> Individual	<input type="checkbox"/> Legal entity
Name: Surname:	Company name:
Place of residence:	Address:
Zip code:	
Street and number:	
Contact phone:	
Email:	

Do you agree for the photos of you to be posted on the official website <a href="http://www.hrabrisa.rs">www.hrabrisa.rs</a> and Facebook page of the Association?	YES	NO
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I \_\_\_\_\_, by completing and signing the application form I confirm the data accuracy and that I am aware of the right to revoke in case of unlawful processing. I agree for my data to be saved in the membership database of the „Lil' Brave One” association. I declare that I am familiar with the provisions of the Association. The Association is committed that obtained information is used only in accordance with the Law on Personal Data Protection.

Place \_\_\_\_\_

Helping Member \_\_\_\_\_

Date \_\_\_\_\_

Association representative \_\_\_\_\_

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website: [www.hrabrisa.rs](http://www.hrabrisa.rs)

PIB: 109840069 - MB: 28218303

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