

MEMBERSHIP IN THE ASSOCIATION LIL' BRAVE ONE

- a minor

	REGULAR MEMBER
Name	
Surname	
ID number	
Place of birth	
Zip code	
Address (Street and House number)	
The disease (suspected)	

- the parents / guardians of a minor

	Father/Guardian	Mother/Guardian
Name		
Surname		
ID number		
Place of residence		
Zip code		
Street and House number		
Contact phone		
Email		

Do you agree for the photos of you to be posted on the official website www.hrabrisa.rs 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 _____

Member (parent/guardian) _____

Date _____

Association representative _____

Contact phone: +381642616500 - Email: udruzenje.hrabrisa@gmail.com

website: www.hrabrisa.rs

PIB: 109840069 - MB: 28218303
