

MEMBERSHIP IN THE ASSOCIATION LIL' BRAVE ONE

	REGULAR MEMBER
Name	
Surname	
ID number	
Place of residence	
Zip code	
Address (Street and House number)	
Contact phone	
Email	
The disease (susspected)	

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 \_\_\_\_\_

Regular Member \_\_\_\_\_

Date \_\_\_\_\_

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

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

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