



PROJEKT GRAĐANSKIH PRAVA  
Civil Rights Project  
SISAK

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**MEMBERSHIP REGISTRATION**

Ord. number: (assigned by CRP) \_\_\_\_\_

NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PERSONAL IDENTIFICATION NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

PROFESSION: \_\_\_\_\_

DATE OF REGISTRATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

