PRISTUPNICA ZA ČLANOVE UDRUGE

 OSOBA S INVALIDITETOM GRUBIŠNO POLJE

**I. OSOBNI PODACI:**

1. Ime, prezime \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Djevojačko prezime \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 3. JMBG/OIB  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 4. Dan, mjesec i godina rođenja  |  |  |  |  |  |  |  |  |

5. Mjesto rođenja \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Naziv države ako nije RH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STANOVANJE**

6. Adresa prebivališta (adresa koja se nalazi na Vašoj osobnoj iskaznici)

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|  Mjesto i poštanski br. |  |  |  |  |  |  |  |

ulica, kućni broj i kat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Adresa privremenog boravišta :

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|  Mjesto i poštanski br. |  |  |  |  |  |  |  |

ulica, kućni broj i kat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Kontakt:

broj telefona/mobitela : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail adresa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Želite li primati obavijesti i informacije na Vaš-u e mail adresu? (zaokružite) DA NE

10. Želite postati: REDOVNI ČLAN UDRUGE POMAŽUĆI ČLAN UDRUGE

 - pomažuće članove Udruge molimo da navedu na koji način žele pridonijeti

* Izravno, svojim radom doprinositi ostvarenju ciljeva i zadaća udruge
* Donacijama i sponzorstvom
* Moralnom i materijalnom potporom
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U Grubišnom Polju, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Potpis pomažućeg člana**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**