



LIBRARY MEMBERSHIP FORM

First Name:

Surname:

Date of Birth:

Occupation:

Permanent Address:

Temporary Address:

Country:

Phone Number: _____

Email Address: _____

I, the undersigned hereby agree to obey the library rules and confirm that the above stated data is correct. By signing this statement I give my consent for the above stated data to be kept and analysed by the Library of the Institute of the Contemporary History.

In Ljubljana, _____ 201_

Signature: _____