ICLEI Associate Partner

Application

1. **Provide the following general information about your organization or yourself**

|  |  |
| --- | --- |
| Name of association or organization |  |
| Name (in English) |  |
| Land/State/Province |  |
| Country |  |
| Website |  |

1. **Please indicate the person responsible for environmental matters in your association or organization (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Title/Function |  | | |
| Address |  | | |
| City |  | Province/State |  |
| Postal Code |  | Country |  |
| Phone |  | Fax |  |
| Email |  | | |

1. **Please designate a person in your association/organization to serve as the primary contact for ICLEI**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Title/Function |  | | |
| Address |  | | |
| City |  | Province/State |  |
| Postal Code |  | Country |  |
| Phone |  | Fax |  |
| Email |  | | |

1. **Is your organization a member of any other association of local government? Please give name(s)**

|  |
| --- |
|  |
|  |

1. **How did you learn about ICLEI?**

Another ICLEI Member

     Newsletter

ICLEI Publications

Other (please kindly specify)

1. **How, in general, could ICLEI best help your organization?**

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|  |
|  |

1. **Provide the name of the person completing this form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person Completing Form |  | | |
| Title/Function |  | | |
| Phone |  | Fax |  |
| Email |  | | |

1. **Complete the following information**

Date:

Signature:

Please send your completed form to:

[membership.services@iclei.org](mailto:membership.services@iclei.org) or by facsimile: +49 228 976 29901

*ICLEI - World Secretariat*

*ICLEI – Local Governments for Sustainability e.V.*

*Kaiser-Friedrich Strasse 7  
53113 Bonn, Germany*

*Executice Director/Geschäftsführer: Gino Van Begin*

*Company Registration/Amtsgericht Bonn: 8929*

*Bank Account/Konto Nr. 535 666 00; Bank Code/BLZ: 380 700 59*