



# 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	

### 2. 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			

### 3. 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			

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

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

- Another ICLEI Member
- Newsletter
- ICLEI Publications
- Other (please kindly specify)

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

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

Name of Person Completing Form			
Title/Function			
Phone		Fax	
Email			

**8. Complete the following information**

Date:

Signature:

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Please send your completed form to:

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

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ICLEI – Local Governments for Sustainability e.V.  
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