

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)

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?

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:

Please send your completed form to:

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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