ICLEI Membership Application

Contact information

**1. The Member**

Provide the following information about your local government organization.

|  |  |
| --- | --- |
| Official name |  |
| Official name (in English) |  |
| State/Province |  |
| Country |  |
| Population (municipal) |  |
| Municipal Budget  (US dollars)/year |  |
| Territory size |  |
| Website |  |

**2. The Municipal Leader**

Provide the name of the mayor, municipal leader or head of your local government or association and the respective contact details.

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Surname |  | | |
| Gender (male/female) |  | | |
| Title (e.g. Dr.) |  | | |
| Function (e.g. Mayor, Governor) |  | | |
| Street address |  | | |
| City |  | Province/State |  |
| Postal Code of the city |  | Country |  |
| Phone (Mayor’s Office) |  | Fax |  |
| Email (Mayor’s Office) |  | | |
| Date Last Elected |  | | |
| Length of term |  | | |

**3. The Political contact**

Designate a Councilor or other political leader in your local government to serve as your political contact for ICLEI.Ideally this person should have a portfolio or interest in Sustainable Development and/or the environment.

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Surname |  | | |
| Gender (male/female) |  | | |
| Title (e.g. Dr.) |  | | |
| Function (e.g. Commissioner of the Environment) |  | | |
| Department |  | | |
| Street address |  | | |
| City |  | Province/State |  |
| Postal Code of the city |  | Country |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | Fax |  |
| Email |  | | |
| Date Last Elected |  | | |
| Length of term |  | | |

**4. The Staff contact (ICLEI Liaison)**

Please designate a staff person in your municipal government to serve as your municipality’s primary contact for ICLEI.

This person should have good overview of Sustainability and/or environment activities in your municipality, should have a coordinating function in the field of sustainable development and/or the environment, as well as contact with the appropriate political representatives for decision-making and be a long-term municipal employee.

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Surname |  | | |
| Gender (male/female) |  | | |
| Title (e.g. Dr.) |  | | |
| Function |  | | |
| Department |  | | |
| Street address |  | | |
| City |  | Province/State |  |
| Postal Code of the city |  | Country |  |
| Phone |  | Fax |  |
| Email |  | | |

*On behalf of the aforementioned local government/ association, I hereby submit this application to become an ICLEI Member and support its mission and principles (in ICLEI Charter).*

Date:       Signature (please type):

Stamp of Municipality:

Please send your filled in application to [membership.services@iclei.org](mailto:membership.services@iclei.org) or by fax to +49 228 976 299 01.

*After receiving your application our Membership unit will contact you regarding the Membership fee. Your municipality will be considered an ICLEI Member after the application is processed and the fee is transferred.*

ICLEI Membership Application

Local Government information

**1. Media Contact**

Please provide contact details for the media relations person in your organization.

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Surname |  | | |
| Gender (male/female) |  | | |
| Title (e.g. Dr.) |  | | |
| Function |  | | |
| Department |  | | |
| Street address |  | | |
| City |  | Province/State |  |
| Postal Code of the city |  | Country |  |
| Phone |  | Fax |  |
| Email |  | | |

**2. Your Membership**

**Please list any other local government association of which your municipality is a member**

|  |
| --- |
|  |

**3. City Relations**

List all municipalities that are twin or sister cities with your local government

|  |
| --- |
|  |

**4. Your Expectations**

How, in general, could ICLEI best help your municipality in terms of sustainability?

|  |
| --- |
|  |

**5. Your sustainable development and environmental reporting**

Please list the key reports you have issued on the state of the environment/sustainable development in your local government.

|  |
| --- |
|  |

**6. This application**

Please provide contact details of the person completing this form.

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Surname |  | | |
| Gender (male/female) |  | | |
| Title (e.g. Dr.) |  | | |
| Function |  | | |
| Department |  | | |
| Street address |  | | |
| Phone |  | Fax |  |
| Email |  | | |

*ICLEI - World Secretariat*

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

*Kaiser-Friedrich Strasse 7  
53113 Bonn, Germany*

*Executive Director/Geschäftsführer: Gino Van Begin*

*Company Registration/Amtsgericht Bonn: 8929*

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