



MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION

Name of the organisation:

Address for mail correspondence:

City:

Country:

Post Code:

Type of organization *(please double-click on the symbol to select)*

Municipality - Province/ County/ Region - Ass of Municipalities

Other (please specify):

Inhabitants:
(only for local authorities)

Website: <http://www>.

SERN CONTACT PERSON

Name of the contact person (civil servant):

Department:

Position:

Phone:

Fax:

Mobile:

E-mail:

SERN DELEGATE REPRESENTING THE ORGANISATION AT THE ANNUAL GENERAL ASSEMBLY

Name:

Position:

Mobile:

E-mail:

INFORMATION ABOUT THE ORGANISATION

Please describe the organization (for local and regional authorities facts and key economic sectors; for others areas of activity and indicative annual financial turnover and number of employees) :

MOTIVATION AND AREAS OF PRIORITY

Indicate the reason(s) why you would like to join SERN:

Areas of Interest

Energy and Environment

Education and learning

Local/regional development

Social Inclusion

Employment

Other (specify):

SIGNATURE

As legal representative of the applicant organization herewith I formally request to join the Sweden Emilia Romagna Network (SERN). I have read and understood the content of the SERN statute and the rights and obligations deriving from it.

Signature of applicant's legal representative:

Date: