

## APPLICATION FOR ASSOCIATE MEMBERSHIP

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**1. PROVIDE THE FOLLOWING GENERAL INFORMATION ABOUT YOUR ORGANIZATION OR YOURSELF.**

Name of association,  
organization, or individual \_\_\_\_\_  
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. PLEASE RANK FROM 1-5 THE FIVE TOP AREAS OF YOUR INTERST**

<input type="checkbox"/>	Air Quality
<input type="checkbox"/>	Biodiversity
<input type="checkbox"/>	Climate Protection (transportation, energy efficiency, etc.)
<input type="checkbox"/>	Coastal Protection
<input type="checkbox"/>	Coordination & Organization of Environmental Activites
<input type="checkbox"/>	Eco/Green Procurement
<input type="checkbox"/>	Environmental Management
<input type="checkbox"/>	Environmental Performance/Indicators
<input type="checkbox"/>	Freshwater Management
<input type="checkbox"/>	Health
<input type="checkbox"/>	Land Use Management
<input type="checkbox"/>	Local Agenda 21/Sustainable Development Planning
<input type="checkbox"/>	Soil Protection
<input type="checkbox"/>	Solid Waste Management
<input type="checkbox"/>	Other (please specify) _____

**6. HOW DID YOU LEARN ABOUT ICLEI?**

<input type="checkbox"/>	ICLEI Members
<input type="checkbox"/>	Newsletter
<input type="checkbox"/>	ICLEI Publications
<input type="checkbox"/>	Other (please specify) _____

**7. HOW, IN GENERAL, COULD ICLEI BEST HELP YOUR ORGANIZATION WITH ITS ENVIRONMENTAL PROBLEMS?**

\_\_\_\_\_  
\_\_\_\_\_

**8. PROVIDE THE NAME OF THE PERSON COMPLETING THIS FORM.**

Name of Person  
Completing Form \_\_\_\_\_

Title/Function \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**9. COMPLETE THE FOLLOWING OFFICIAL INFORMATION.**

Date and Signature: \_\_\_\_\_

**Please attach your resume and/or more information about your organization to this form.**

PLEASE FORWARD YOUR COMPLETED FORM TO:

**ICLEI-World Secretariat  
Kaiser-Friedrich-Str. 7  
53113 Bonn, Germany**

**Phone: +49-228/ 976299-00; Fax: +49-228/ 976299-01; Email: [membership@iclei.org](mailto:membership@iclei.org)**