

## APPLICATION FOR FULL MEMBERSHIP

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**1. PROVIDE THE FOLLOWING GENERAL INFORMATION ABOUT YOUR LOCAL GOVERNMENT OR ASSOCIATION.**

Official Name \_\_\_\_\_  
 Official Name (in English) \_\_\_\_\_  
 Land/State/Province \_\_\_\_\_  
 Country \_\_\_\_\_  
 Population \_\_\_\_\_  
 Budget (in US dollars) \_\_\_\_\_  
 Website \_\_\_\_\_

**2. PROVIDE THE NAME OF THE MAYOR, MUNICIPAL LEADER OR HEAD OF YOUR LOCAL GOVERNMENT OR ASSOCIATION.**

Name of Municipal Leader \_\_\_\_\_  
 Title/Function \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ Province/State \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Date Last Elected \_\_\_\_\_ Length of Term \_\_\_\_\_

**3. DESIGNATE A COUNCILLOR OR OTHER POLITICAL LEADER IN YOUR MUNICIPAL GOVERNMENT TO SERVE AS YOUR PRIMARY POLITICAL CONTACT FOR ICLEI. IDEALLY THIS PERSON SHOULD HAVE A PORTFOLIO OR INTEREST IN THE ENVIRONMENT.**

Municipal Leader is designee?  Yes  No (if no, then please complete the following)

Name of Political Contact \_\_\_\_\_  
 Title/Function \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ Province/State \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Date Last Elected \_\_\_\_\_ Length of Term \_\_\_\_\_

**4. DESIGNATE A STAFF PERSON IN YOUR MUNICIPAL GOVERNMENT TO SERVE AS YOUR MUNICIPALITY'S PRIMARY CONTACT FOR ICLEI. THIS PERSON SHOULD HAVE A GOOD OVERVIEW OF ENVIRONMENTAL ACTIVITIES IN YOUR MUNICIPALITY, SHOULD HAVE A COORDINATING FUNCTION IN THE FIELD OF ENVIRONMENT, AND BE A LONG-TERM MUNICIPAL EMPLOYEE.**

Name of Municipal Leader \_\_\_\_\_  
Title/Function \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Province/State \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**5. WHICH OF THE ABOVE CONTACTS (POLITICAL OR STAFF) SHOULD BE THE KEY LIAISON WITH ICLEI FOR ISSUES RELATED TO VOTING ON COUNCIL MATTERS AND PAYING ANNUAL MEMBERSHIP FEES?**  
 Political       Staff

**6. LIST ANY OTHER LOCAL GOVERNMENT ASSOCIATIONS OF WHICH YOUR MUNICIPALITY IS A MEMBER.**

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

**7. LIST ANY MUNICIPALITIES THAT ARE TWIN OR SISTER CITIES WITH YOUR LOCAL GOVERNMENT.**

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

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

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

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

Name of Person \_\_\_\_\_  
Completing Form \_\_\_\_\_  
Title/Function \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**10. COMPLETE THE FOLLOWING OFFICIAL INFORMATION.**

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

Stamp of Municipality

**Upon receipt of membership fees, your municipality will be considered a full ICLEI Member. Council Members are governed by the ICLEI Charter. For a copy please contact ICLEI by email ([iclei@iclei.org](mailto:iclei@iclei.org)) or fax (+49-228 / 97 62 99-01).**

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)**