

## MEMBERSHIP FORM

Thank you for your interest in our activities! To become a member of the European Civic Forum, please fill in the following application and return it to the address indicated at the bottom of the form.

### 1. YOUR ORGANISATION

Full name of the organisation	
Name of the legal representative of the organisation	
Address of the head office	
Phone number	
Fax number	
E-mail	
Website	

### 2. CONTACT PERSON(S)

	Person 1	Person 2
First name		
Family name		
Contact address		
Fonction / position within the organisation		
Phone number		
Mobile number		
Fax number		
E-mail		

### 3. YOUR ACTIVITIES

*Please indicate your objectives, fields and levels of activity (local, regional, national, European):*

*Please indicate your target groups:*

*Information about your members / partners (How many members do you have? Are you a member of some other European platforms or networks?):*

#### 4. WHAT ARE YOUR EXPECTATIONS OF THE EUROPEAN CIVIC FORUM?

How did you learn about ECF?

What benefits do you expect from membership of ECF?

What would you bring as an organisation to the ECF?

I, the undersigned, certify that the information within this application is correct and declare having read the statutes and the conditions to become a member of the European Civic Forum.

*Place:*

*Date (day/month/year):*

*Applicant's signature:*

*Name and function:*

Thank you for your interest!

Please send this form together with a **letter of interest** and **the statutes of your association** to the attention of the Board of Directors:

*By post:*

FORUM CIVIQUE EUROPÉEN  
167 bd. de la Villette  
75010 Paris, France  
Tel: +33(0)1 80 05 18 96

or

*By e-mail:*

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