



MEMBERSHIP APPLICATION FORM FOR MUNICIPALITIES

Please complete and return to: EUROCITIES asbl, Square de Meeûs 1, B-1000 Brussels, Belgium
e-mail: marta.marcuzzi@eurocities.eu

I, the undersigned Mayor (if otherwise, please specify) City of, number of inhabitants:..... in (year), confirm my city's wish to be a full / associate member of EUROCITIES. I have read the latest version of the Statutes and the Internal Rules of EUROCITIES and agree to the terms laid out therein.

I set out below the name and details of the elected member who will be representing our city for EUROCITIES:

Mr/Ms

Position

Preferred language: French / English

Address:
.....

Telephone: Fax:

E-mail address:.....

The officer responsible for EUROCITIES will be:

Mr/Ms

Position

Preferred language: French / English

Address:
.....

Telephone: Fax:

E-mail address:.....

SIGNATURE & DATE