**MEMBERSHIP FORM**

**MEMBERSHIP N°: ………………………**

**DATE: …………………………………………**

1. **STATUS OF THE ENTITY/ORGANIZATION**

 [ ]  **Private** [ ]  **Government**

 [ ]  **Public/Private Partnership** [ ]  **Other: ……………………………………………………………**

1. **GENERAL INFORMATION**

|  |
| --- |
| Name: |
| Address: |
| City: | PO Box:  |
| Country: |
| Phone: |
| Fax: |
| Website: |
| Name of the Entity/Organization: |

1. **REFERENCES OF THE MAIN REPRESENTATIVE**

|  |
| --- |
| Name: |
| Surname: |
| Nationality: |
| Position: |
| Address: |
| E-mail: |
| Phone: | Fax: |

1. **WORKING LANGUAGE(S)**

|  |
| --- |
| [ ]  English[ ]  French[ ]  Other (to specify): …..…………………………………………………………………………………… |

1. **GENERAL INFORMATION ON YOUR ENTITY/ORGANIZATION**

|  |
| --- |
|  **5.1 Status:*** 1. **Short description of your activities:**
	2. **Stakeholders:**

**5.4 Comments:**  |

1. **YOUR OPINION**

|  |
| --- |
| **6.1 Your expectations from the Alliance:****6.2 Your ideas of projects to initiate/develop within the Alliance:** |

**Done in ………………………………..,**

**On ……………………………………**

**Signature & Seal**