**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**