

Application for Full Membership

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			
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			
Address			
City		Province/State	
Postal Code		Country	
Phone		Fax	
Email			
Date Last Elected		Length of Term	

PLEASE FORWARD YOUR COMPLETED FORM TO:

ICLEI-World Secretariat
City Hall, West Tower, 16th Floor
Toronto, Ontario, M5H 2N2

Phone: +1-416-392-1462
Fax: +1-416/392-1478
Email: iclei@iclei.org

**INTERNATIONAL COUNCIL FOR LOCAL ENVIRONMENTAL INITIATIVES
(ICLEI)**

- 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 Staff Contact			
Title			
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. IS YOUR MUNICIPALITY DIRECTLY A MEMBER OF THE INTERNATIONAL UNION OF LOCAL AUTHORITIES (IULA)?**

Yes No

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

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

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

- 10. PROVIDE THE NAME OF THE PERSON COMPLETING THIS FORM.**

Name of Person Completing Form			
Title			
Phone		Fax	
Email			

- 11. COMPLETE THE FOLLOWING OFFICIAL INFORMATION.**

Date:

Signature:

Stamp of Municipality

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