**PARTNER MEMBERSHIP APPLICATION FORM**

**Institution/Organization:** Click here to enter text.

**Address:** Click here to enter text.

**Tel:** Click here to enter text.

**Email:** Click here to enter text.

**Website:** Click here to enter text.

**Title of Representative:** Click here to enter text.

**First Name of Representative :** Click here to enter text.

**Family Name of Representative:** Click here to enter text.

**Position of Representative:** Click here to enter text.

**Attachments of documents representing the institution/organization (according to CILECT Statutes):**

*(when you attach a document, please, mark an X in the place of the respective box before it)*

a letter indicating the shared goals and interests between the applicant and CILECT;

a statement of intent concerning how the applicant plans to support CILECT activities;

a copy of the applicant’s annual report;

other written material:

**Material 1:** Click here to enter text.

**Material 2:** Click here to enter text.

**Material 3:** Click here to enter text.

*(Please, insert as many fields as you need.)*

**Applicant’s Signature:**

**Date:** Click here to enter a date.