**APPLICATION FOR MEMBERSHIP OF A PARTNERSHIP**

Filled in by:

Date:

|  |  |
| --- | --- |
| Name of the Partnership |  |
| Proposed entity (MS/city) |  |
| Proposed by (MS, CoR, Eurocities, CEMR, URBACT) |  |
| Justification: EXPERTISE |  |
| Justification: CAPACITY |  |
| Additional Justification: ability to CONNECT (e.g. membership of networks, organisations, etc) |  |
| Contact details |  |
| Organisation |  |
| Name |  |
| Position |  |
| E-mail |  |
| Phone |  |

NB: If the applicant is to become a coordinator, the applicant should draft a scoping paper.