



MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION

Address for mail correspondence:

| | | |
|--|----------|--|
| City: | Country: | Post Code: |
| Type of organization (<i>please double-click on the symbol to select</i>) Municipality <input type="checkbox"/> Province/ County/ Region <input type="checkbox"/> Ass. of Municipalities <input type="checkbox"/> Other <input type="checkbox"/> (please specify): | | Inhabitants: (only for local authorities) |

Website:

CONTACT PERSON

| | |
|---|-----------|
| Name of the contact person (civil servant): | |
| Department: | Position: |
| Phone: | Fax: |
| Mobile: | E-mail: |

DELEGATE REPRESENTING THE ORGANISATION AT THE ANNUAL SERN GENERAL ASSEMBLY

| | |
|-----------|---------|
| Name: | |
| Position: | |
| Mobile: | E-mail: |

INFORMATION ABOUT THE ORGANISATION

Please describe the organization (for local and regional authorities main facts and information about the area; for other organization areas of activity, indicative annual financial turnover, number of staff and/or members):

Sweden Emilia Romagna Network

Stradone Martiri della Libertà, 15 - 43123 Parma (PR) - Italy

Tel: +390521686023 | Email: secretariat@sern.eu | Web: www.sern.eu | C.F.: 91251370374



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MOTIVATION AND AREAS OF PRIORITY

Indicate the reason(s) why you would like to join SERN:

Areas of Interest

INCLUSIVE COMMUNITIES

- Quality Education Active Citizenship Services for Vulnerable Groups

DIGITALIZED COMMUNITIES

- Digital Skills e-Government

GREEN AND SUSTAINABLE COMMUNITIES

- Climate Action Sustainable Tourism Smart Mobility

Other (specify):

SIGNATURE

As legal representative of the applicant organization herewith I formally request to join the Sweden Emilia Romagna Network (SERN). I have read and understood the content of the [SERN statute](#) and the rights and obligations deriving from it.

Signature of applicant's
legal representative:

Date:

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