



## MEMBERSHIP APPLICATION FORM- LOCAL/REGIONAL AUTHORITIES

### APPLICANT INFORMATION

Name

Address

City:

Country:

Post Code:

Type of organization (*please double-click on the symbol to select*)

Municipality  Province/ County/ Region  Ass. of Municipalities

Other  (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 also about the area):

#### 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



## MEMBERSHIP APPLICATION FORM

### 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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