



MEMBERSHIP APPLICATION FORM - OTHER ORGANISATIONS

APPLICANT INFORMATION

Name of the organization

Address for mail correspondence:

City:

Country:

Post Code:

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

School

Association/NGO

Public Company

Other (please specify):

Number of employees

Annual Financial Turnover
(in euros)

Website:

CONTACT PERSON FOR SERN

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 and its areas of activities

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Quality Education | <input type="checkbox"/> Active Citizenship | <input type="checkbox"/> Services for Vulnerable Groups |
|--|---|---|

DIGITALIZED COMMUNITIES

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Digital Skills | <input type="checkbox"/> e-Government |
|---|---------------------------------------|

GREEN AND SUSTAINABLE COMMUNITIES

- | | | |
|---|--|---|
| <input type="checkbox"/> Climate Action | <input type="checkbox"/> Sustainable Tourism | <input type="checkbox"/> 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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