**UCLG-MEWA COMMITTEE ON GENDER EQUALITY**



**MEMBERSHIP FORM**

|  |  |
| --- | --- |
| Name of the Organization / Local Authority  |  |
| Name of the Representative of the Organization / Local Authority |  |
| Title of the Representative  |  |
| Address |  |
| Telephone |  | GSM |  | Fax |  |
| City |  | Country |  |
| Working Language |  |
| E-mail Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1st Contact Person**  |  | **2nd Contact Person**  |  |
| **Name** |  | **Name** |  |
| **Surname** |  | **Surname** |  |
| **Telephone** |  | **Telephone** |  |
| **GSM** |  | **GSM** |  |
| **Fax** |  | **Fax** |  |
| **E-mail Address** |  | **E-mail Address** |  |

**Please send this form to the contact person for the committee:** E. Gökçe YANIKg.yanik@uclg-mewa.org

Tel:+90 212 511 10 10 (123), Fax: +90 212 519 00 60

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**Signatureof the Representative of the Organization / Local Authority**