

Application for Membership – EARLALL

Brussels, 2010



Application for Membership

Please, read and agree to the EARLALL Statutes

1. Contact details

Official

Contact Name:

Organisation:

Job Title:

Address:

.....

.....

Telephone: Fax:

Email:

Political representative/Minister:

Name:

Job Title:

Address:

.....

Telephone: Fax:

Email:

EARLALL

European Association of Regional and Local Authorities for Lifelong Learning

www.earlall.eu

Rond Point Schuman, 14 – 1040 Bruxelles, Belgium

Tel +32 (0)2 501 08 33 Fax +32 (0)2 2868568

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2. Membership Type: (Please choose)	
Full Member: <i>(EU Local/regional elected councils)</i>	<input type="checkbox"/>
Observers: <i>(Observers are representatives of public institutions or organisations which can contribute to the goals of the Association)</i>	<input type="checkbox"/>
We apply herewith <u>for membership/observer participation</u> <i>(please cross out the irrelevant option)</i> of the European Association for Regional and Local Authorities for Lifelong Learning – EARLALL A.I.S.B.L	<input type="checkbox"/>
We agree to the EARLALL Statutes	<input type="checkbox"/>

3. Membership fees
All members pay the fixed quota of 2500 EUR annually. The EU15 countries also pay an additional quota in relation to number of inhabitants and growth index. The maximum fee is 8000 EUR/year. To define your annual membership fee please indicate
Number of inhabitants in your region:
Relevant growth index for your region^[1]: (only necessary for full members located in the EU15-area)

4. The main regional interests/priorities in the field of lifelong learning:
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^[1] Please see the Third Report on Economic and Social Cohesion – Main regional indicators;
http://ec.europa.eu/regional_policy/sources/docoffic/official/reports/cohesion3/cohesion3_en.htm

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5. The regional/local/organisational competence in the field of lifelong learning:
(please, include main competence below and attach to the form a more detailed description as Annex 1)

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Signed:

Date:

Name:

Place:

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Please, complete, print, *sign* and send this form together with the Annex 1 – *Description of main competence* – to the following address:

Gianfranco SIMONCINI
President of EARLALL

EARLALL AISBL
Rond Point Schuman, 14
B-1040 Brussels
Belgium

Please, forward a *signed* copy of this form by:

- fax +32 2 286 85 68

or

- e-mail: earlall@earlall.eu

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