



european cities and regions for culture
villes et régions européennes pour la culture

MEMBERSHIP APPLICATION FORM LOCAL AUTHORITIES

Please complete and return to LIKE by post or mail

I, the undersigned:

Mr/Ms

Position

Local authority's name:

Number of inhabitants:

confirm my local authority's wish to be a full **member of LIKE in 2018**.

In agreement with the membership fees of 2018, the annual fee of my local authority amounts to..... €.

I have read the latest version of the Statutes and agree to the terms laid out therein and to its objectives.

I set out below the name and details of the elected member who will be representing our local authority for LIKE:

Mr/Ms

Position

Preferred language: French / English

Address:

.....

Telephone: Fax:

E-mail:

The officer responsible for LIKE will be:

Mr/Ms

Position

Preferred language: French / English

Address:

.....

Telephone: Fax:

E-mail:

SIGNATURE & DATE

+33 (0)3 20 85 14 15
info@likeculture.eu

Your application will be submitted to LIKE and you will receive a reply from our team as soon as possible.

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59000 Lille - France

www.likeculture.eu

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