

**MEMBERSHIP APPLICATION FORM
ASSOCIATE MEMBER**

Please complete and return to LIKE by post or mail



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

I, the undersigned:

Mr/Ms

Position

Structure's name:

Cultural fields of interest:

confirm my structure's wish to be an **associate member of LIKE in 2018**.

In agreement with the membership fees of 2018, the annual fee as associate member amounts to 540 €.

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 representative who will be representing our structure 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

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