

**City or local authority**

*Name and full address*

.....  
.....  
.....

**Represented by**

*Name and function*

.....  
.....

**Following the decision made by**

.....  
.....

(Please enclose a copy of the relevant minutes).

*Concerned political authority that has the jurisdiction (council, assembly, etc.)*

The above authority is **willing to apply for membership** to the President of United Cities against Poverty.

- It pledges to fully pay its yearly dues calculated on the basis of a population of .....inhabitants

*(please refer to the document "Administrative Regulations" to find out about the amount owed).*

- To the best of its ability, the above-mentioned authority is entirely committed to taking part in cooperation projects launched and carried out by United Cities against Poverty.

On behalf of the city or the local authority of:

Date :

Signature and stamp

THIS APPLICATION IS TO BE SENT TO

**United Cities against Poverty**

**Villa La Concorde**, 20 avenue de la Concorde, CH-1203 Genève