



**EURONET**

**The European Children's Network**

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Website: [www.europeanchildrensnetwork.eu](http://www.europeanchildrensnetwork.eu)

**EURONET Membership application form**

NAME OF ORGANISATION:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL:

WEBSITE:

NAME OF DIRECTOR/CHIEF EXECUTIVE:

EURONET CONTACT PERSON (to attend EURONET meetings and make decisions):

NUMBER OF EMPLOYEES:

State briefly the aims and objectives of your organisation:

State how your organisation can help to develop the work of EURONET:

Name and contact details of reference organization:

Please attach a reference letter from another organisation to this application form.

Having read and being in agreement with the European Children's Network Principles and Structures, please accept formal application to join the European Children's Network.

SIGNED \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

**Please ensure you have attached the following information and documents to the application:**

- Staffing information
- Information on the structure and annual income of your organisation
- The Statutes of your organisation
- Information on the principle activities of your organisation
- Reference letter
- If your organisation is member-based, please attach a list of member organisations