|  |  |  |  |
| --- | --- | --- | --- |
| **Who** | | | |
|  | First & Last Name | Position/Title | Organisation |
| Click here to enter data | Click here to enter data | Click here to enter data |
| Contact Postal Address | Contact Email Address | |
| Click here to enter data | Click here to enter data | |
| Landline/Mobile | Skype |
| Click here to enter data | Click here to enter data |

|  |  |  |  |
| --- | --- | --- | --- |
| **Background** | | | |
|  | I am a member of a political party | Yes | No |
| Name of the political party (if applicable) | | |
| Click here to enter data | | |
| I am interested in the following policy areas (example: education) | | |
| Click here to enter data | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **How** | | | |
|  | I would like to participate in... | | |
|  |  | the peer-learning programme |  |
|  |  | the support network |  |
|  | I would like to help with... | | |
|  |  | fundraising via... | |
|  |  | foundations & public bodies |  |
|  |  | companies (sponsorship) |  |
|  |  | private donors (philanthropy) |  |
|  |  | networking... | |
|  |  | at the local and national level |  |
|  |  | internationally – Europe-wide |  |
|  |  | | |
| I would like to support the initiative with a donation | | |  |