## Association Wetlands International - Delegate Appointment Form

### First Delegate Information:

|  |
| --- |
| Name Delegate:  |
| Position:  |
| Department: |
| Organisation:  |
| Postal Address:  |
| Town:  |
| Post/Zip Code:  |
| Country:  |
| Tel. Number:  |
| Fax number:  |
| E-mail:  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name delegate)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name organisation)

hereby agree to be bound by the terms of the Statutes of the Association Wetlands International.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

### Second Delegate Information:

|  |
| --- |
| Name Delegate:  |
| Position:  |
| Department: |
| Organisation:  |
| Postal Address:  |
| Town:  |
| Post/Zip Code:  |
| Country:  |
| Tel. Number:  |
| Fax number:  |
| E-mail:  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name delegate)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name organisation)

hereby agree to be bound by the terms of the Statutes of the Association Wetlands International.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

### Body responsible for payment of the Membership Dues:

|  |
| --- |
| Contact name: |
| Position: |
| Department: |
| Paying Organisation: |
| Postal Address: |
| Town: |
| Post/Zip code: |
| Country |
| Tel. number: |
| Fax number: |
| E-mail: |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of contact)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of paying organisation)

hereby I declare that payment of the annual contribution of Wetlands International will be made by the above mentioned organisation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization:** I hereby authorize Wetlands International to use the delegate information on its website

|  |
| --- |
|  |

Yes

|  |
| --- |
|  |

No

Please post, email or fax this form to:

post@wetlands.org

All future changes in your contact information, names and contact details of the delegates should be communicated to Wetlands International Membership Programme at: post@wetlands.org