



**Leda Partenariat - Local Development Network Association**

**I would like to register as member of the Leda Partenariat - Local Development Network Association.**

**I have read the statute of the association and agree with its aim.**

|                |  |
|----------------|--|
| Name           |  |
| Surname        |  |
| Organisation   |  |
| Postal address |  |
| Email          |  |
| Telephone      |  |
| Skype          |  |

..... signature

..... date

*Send the completed form by email, as scanned attachment, to: [ldnet.info@mail.com](mailto:ldnet.info@mail.com)*