CITYFOOD Network

Join the ICLEI-RUAF Network   
for committed local and regional governments

***Please return the completed commitment form to***

**Ms. Tori Okner, Senior Officer**   
**CITYFOOD Network Manager**

**ICLEI World Secretariat / Email: cityfood@iclei.org**

Committing local / subnational government:

Official name:

Country:

Legal representative of committing local / subnational government:

First name:

Last name:

Official title:

We herewith declare our interest in joining the ICLEI-RUAF CITYFOOD Network.

We are committed to sharing experiences, cooperating with other CITYFOOD participants, contributing to joint activities and respecting specific appointments for network activities, if possible and as appropriate, at meetings and events. We are interested in being part of the development of joint projects.

We understand that no fee is associated with this Network participation and that the ICLEI-RUAF CITYFOOD Network seeks direct and collaborative funding to provide individual support to members outside of funded projects.

Date (day / month / year):

Location:

Name:

Signature:

**Further information about us**

O We are interested in the CITYFOOD Network mainly for the following reasons….

**Contact details of the highest local/ regional government representative**

|  |  |
| --- | --- |
| Official title of head of government |  |
| First name(s) |  |
| Last name(s) |  |
| Position |  |
| Start date of current term |  |
| End date of current term |  |
| Department |  |
| Street address |  |
| City |  |
| Postcode |  |
| State / Region |  |
| Email address |  |
| Phone number |  |

**Contact details of designated staff for communication on the ICLEI-RUAF CITYFOOD Network**

|  |  |
| --- | --- |
| First name(s) |  |
| Last name(s) |  |
| Position |  |
| Department |  |
| Street address |  |
| City |  |
| Postcode |  |
| State / Region |  |
| Email address |  |
| Phone number |  |

***Further information***

|  |  |
| --- | --- |
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