



Membership Request Form

PLEASE PRINT CLEARLY

The Living Springs

Date: _____

Membership N°: _____

We invite all interested parties to join us in our efforts towards the goals to provide access to water for all, to create and maintain sustainable communities and healthy livelihoods.

[Individual / Organization Name] _____

wishes to become a member individual/organization of The Living Spring Association, and thereby declares to:

- (1) make an active commitment to promoting world-wide The Living Spring Activities;
- (2) have read the object and goals of The Living Springs Association and agree with them; and

(Please include all possible contact information, including additional relevant individuals or offices, continuing on the back if necessary)

Individual/Organization:

_____	_____	_____	_____
<i>Family Name</i>	<i>Given Name(s)</i>	<i>Family Name</i>	<i>Given Name(s)</i>
_____	_____	_____	_____
<i>Email</i>		<i>Email</i>	
_____	_____	_____	_____
<i>Telephone</i>		<i>Telephone</i>	

**Others Person within organization:
Organization Contact Information (not for individual membership)**

_____	_____	_____	_____	_____
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Postal Code</i>
_____	_____	_____	_____	_____
<i>Fax</i>		<i>Website</i>		

Preferred language of correspondence (check one): English Français Español Other _____

Preferred method of correspondence (check one): E-mail Fax Airmail

How did you obtain the TLS membership form? (Check one): Online TLS members' Other _____

If TLS member, please indicate his/her name here: _____

**** Please include on the back or attach a mission statement and a brief summary of your organization's activities and/or principal advocacy initiatives in case of entities membership subscription.**

Please return this form to:

The Non Profit Organization The Living Springs
19, rue des Caroubiers, 1227 Carouge, Geneva, Switzerland
Fax +41 (0) 22 346 3119 or email info@thelivingsprings.org

On behalf of _____ I have read and agree to TLS's membership requests.
Individual Name / Name of Organization (if entities subscription)

Signature

Date