



Association Twinning Initiative

Reply Form

- Yes, my association will participate in the Twinning Initiative
- No, my association is unable to participate in the Twinning Initiative

1. Name of association:

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2. Contact person for Twinning Initiative:

Name:	
Address:	Tel:
	Fax:
	E-mail:

3. Name of twin association:

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4. Contact person in twin association, if known:

Name:	
Address:	Tel:
	Fax:
	E-mail:

5. Proposed activities with twin association*:

* Please use an attachment if text box is too small

6. Ongoing activities in a developing country (Please describe any projects which your association may already be involved in)*:

* Please use an attachment if text box is too small

Form submitted by:

Date and signature:

Please return the completed form by e-mail or fax to:

**Lorenzo Piemonte
IDF Public Relations Assistant
Fax : +32-2-5385511
E-mail: lorenzo@idf.org**

On receipt of the completed form, the Task Force will invite the association you have selected to participate in the Twinning Initiative, and will send you their contact details.