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**E.N.S.A**

**European Network of Social Authorities**

**APPLICATION FORM**

**ENSA coordination**

Veneto Region Brussels Office

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Send by email to:

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I am writing on behalf of:

(Region, City, Local Authority)………………………………………. to confirm our intention to take part in the ENSA network.

I expect as partner to participate actively at least in one thematic network, please specify (elderly, disability, youth and family, children, inclusion) and to finance my own participation costs.

This membership form will be ratified by the ENSA General Assembly.

Signature

Position

The ENSA General Coordination team