

Expression of interest for becoming a member of the WHO European Healthy Cities Network in Phase VII (2019–2025)

City:	Country:
City population:	
Social media details:	

Coordinator		
Name:	Title:	
Address 1:	Address 2:	City:
Country:	Postal code:	
Telephone:	E-mail:	Website:

Political and partnership commitment

Mayor		
Name:	Title:	Date elected:
Address 1:	Address 2:	City:
Country:	Postal code:	
Telephone:	Email:	Website:

Politician responsible for the healthy city project in your city		
Name:	Title:	Date elected:
Address 1:	Address 2:	City:
Country:	Postal code:	
Telephone:	Email:	Website:

Letter head of Mayor or city council

Expression of interest for membership in the WHO Healthy Cities Network, Phase VII (2019-2025)

Date

Dear Regional Focal Point,

On behalf of the (Name of City/Municipality) City Council, I hereby express the city's interest in applying for membership of the WHO Healthy Cities Network, Phase VII (2019-2025).

(Name of City/Municipality) will support relevant topics chosen in accordance with our needs as a city.

(Name of City/Municipality) commits itself to:

- Dedicate resources to meet the goals of Phase VII
- Participate actively in WHO European Network and subnetwork meetings
- Participate in the meetings of mayors
- Be externally monitored and evaluated by WHO
- Pay the annual membership fee (2019-2025)

The focal point in the City/Municipality for the Phase VII application is;
(add full contact details)

Yours sincerely,

Name of Mayor
Name of City/Municipality