APPLICATION FORM

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| 1. | Name of the organisation |  |
|  | In the original language: |  |
|  | In the country’s official language: |  |
|  | In English: |  |
|  | In French: |  |
|  | In German: |  |
|  | In Russian |  |
|  |  |  |
| 2. | Seat of the organisation |  |
|  | State: |  |
|  | Region: |  |
|  | Present postal address: |  |
|  | Telephone numbers (with country and local codes): |  |
|  | Fax numbers (with country and local codes): |  |
|  | E-mail address: |  |
|  | Homepage: |  |
|  |  |  |
| 3. | Characteristics of the organisation |  |
|  | Registered society with individual members: |  |
|  | Number of members: |  |
|  |  |  |
|  | Registered umbrella organisation of association: |  |
|  | Number of members: |  |
|  |  |  |
| 4.1 | How is the organisation structured according to the statutes? |  |
| 4.2 | Name of the President of the organisation: |  |
| 4.3 | Name of the Vice President of the organisation: |  |
| 4.4 | Name of the General Secretary/Chairman/  Executive Director: |  |
|  |  |  |
| 5.1 | Date of the last congress of the highest body of the organisation: |  |
| 5.2 | Year of the next congress of the highest body of the organisation: |  |
| 5.3 | Date of the last regular election of leading members of the organisation: |  |
| 5.4 | Date of the next regular election of leading members of the organisation: |  |
|  |  |  |
| 6.1 | Are there any youth organisations of your minority? |  |
|  | Name of the organisation: |  |
|  | State: |  |
|  | Region: |  |
|  | Present postal address: |  |
|  | Telephone numbers (with country and local codes): |  |
|  | Fax numbers (with country and local codes): |  |
|  | E-mail address: |  |
|  | Homepage: |  |
| 6.2 | Is/are the youth organisation(s) of your minority members of the Youth of European Nationalities (YEN)? |  |
|  |  |  |
| 7. | Is your minority present with elected delegates in parliamentary political life? |  |
|  |  |  |
| 7.1 | on a district level: |  |
| 7.2. | on a regional (country, etc) level: |  |
| 7.3 | on a federal level (regional or state parliament): |  |
|  | Number of delegates: |  |
|  | Name(s) of the party(ies): |  |
| 7.4. | on a national level: |  |
|  | Number of delegates: |  |
|  | Name(s) of the party(ies): |  |
| 7.5 | In the European Parliament: |  |
|  | Number of delegates: |  |
|  | Name(s) of the party(ies): |  |
| 8. | Does your organisation publish a newspaper/magazine in the language of your minority? |  |
|  | Name of the medium: |  |
|  | How often does this newspaper/magazine get published? |  |
|  | Where is the newspaper/magazine published? |  |
|  | What is the address of the editor? |  |
|  | Present postal address: |  |
|  | Telephone numbers (with country and local codes): |  |
|  | Fax numbers (with country and local codes): |  |
|  | E-mail address: |  |
|  | Homepage: |  |
|  |  |  |
| 9. | Of which domestic or foreign NGOs is your organisation a member? |  |
| 10. | A brief summary of organisation’s objectives according to the statues: |  |
| 11. | Which have been the primary activities, problems and achivements of your organisation as regards the rights of minorities and minority policy in the last two years? |  |
| 12. | Possible remarks on FUEN’s work and  cooperation of your organisation with FUEN: |  |
| 13. | Do you wish to apply for   1. Ordinary Membership 2. Associate Membership 3. Supporting Membership |  |
| 14. | Please indicate the number of people belonging to your minority in the country where your organisation is seated. Please provide a reference if possible! |  |