Nomination letter of focal point

*Please complete, sign this form and upload it in the registration page of the website*

I, the undersigned [NAME First Name of the person in charge of the organization], on behalf of the organization [Name of the organization], appoint [NAME First Name of the focal point], [occupation: put the occupation of the focal point within the organization] to be the focal point of the [Name of the organization] within the MEDAE network.

I validate that:

* [NAME First name of the focal point] is the focal point of the organization [NAME of the organization] within the MEDAE network and as such is the privileged interlocutor of MEDAE.
* The focal point is the link between his organization and the MEDAE network. He passes on the network's decisions to its organization, and ensure that its organization's approval is obtained for the production of certain documents (advocacy documents, decisions involving the organization's finances, etc.).
* The focal point is responsible for annually updating the list of people from his or her organization wishing to join the MEDAE network.
* The focal point may be elected to the MEDAE Steering committee and take part in the network's strategic decisions.

Signature of the organization

**INFORMATION OF THE FOCAL POINT**

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| **Name of the focal point**      |
| **Present address** (city, Country)       | **Nationality**       |
| **Telephone number**Country code :      Number :       | **E-mail address**      | **Gender *(Please select)***    Female    Male    Prefer not to say |

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| **Summary of the experience of the focal point in networks and agroecology** |
|       |

**ADDITIONAL INFORMATION OF FOCAL POINT**

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|  | What is your mother tongue?       |  |
| OTHER LANGUAGES | READ | WRITE | SPEAK | UNDERSTAND |
|  | Easily | Not easily | Easily | Not easily | Fluently | Not fluently | Easily | Not easily |
| English |     |     |     |     |     |     |     |     |
| French |     |     |     |     |     |     |     |     |
| Arabic |     |     |     |     |     |     |     |     |