



**FORM III.**  
**Registration Form for Organizations**

**(National Government, Private Sector, Research/Academic Institution,  
 NGO/NPO/Association, International Organization)**

We appreciate your interest to partner with International Partnership for Expanding Waste Management Services of Local Authorities (IPLA). If in full agreement with the Partnership’s mission and goal, you may complete and sign this **application form** and return it to the Partnership’s International Secretariat at the address mentioned below the form.

If you have any further clarifications, please contact International Partnership’s Coordinator at [ipla@uncrd.or.jp](mailto:ipla@uncrd.or.jp) (for the period interim)

**1. PERSONAL DETAILS**

Mr  Ms  Dr  First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of the ORGANIZATION : \_\_\_\_\_

Address of the organization :

Line 1 : \_\_\_\_\_

Line 2 : \_\_\_\_\_

Line 3 : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Website of the organization (if any) :

Direct Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Direct Email: \_\_\_\_\_

**2. TYPE OF ORGANIZATION**

*(Please tick one)*

Local Authority  Non-Governmental Organization

Industrial Association  Community Based Organization

Financial Institution  Government



- Waste Management  Self Help Group   
Technology Provider
- Academic or Research Institute  Other (*please specify*):

### 3. CONTRIBUTION TO NETWORK ACTIVITIES

*(Please mark what network activity would you/ your organization contribute in, as a partner)*

- Disseminating information on your activities to the network
- Participating in Events
- Participating in Projects
- Contributing expertise
- Offering voluntary funding
- Other (*please specify*):

### 4. PURPOSE

*(Please outline why you/ your organization would want to partner with us)*



## **Mission Statement**

*We are committed to working with partners from governments, business, finance and civil society around the world to facilitate expansion of waste management services worldwide*

*The International Partnership for Expanding Waste Management Services of Local Authorities provides a new and flexible way of working together to achieve the common goal of 'Zero Waste'.*

*Through this Partnership we will share knowledge, communicate across national boundaries and work to spread best practice in order to accelerate the uptake of waste related infrastructure and services at various stages of waste management such as segregation, collection, transport, recycling, recovery, treatment and disposal.*

***Please tick the box to confirm that you have read and agreed to the mission statement***

I hereby apply for my organization to become a Partner; I certify that the above information is correct. With this signature, I/ my organization endorse the International Partnership's mission statement and wish to work towards its goals.

Signed: \_\_\_\_\_

*(Your signature)*

On behalf of (if applicable): \_\_\_\_\_

*(Name of the Organization)*

Name: \_\_\_\_\_

*(Your name)*

Date: \_\_\_\_\_